

SRJC THEATRE ARTS DEPARTMENT AUDITION INFORMATION FORM (Revised 10/11/21)

SHOW: THE CURIOUS INCIDENT OF THE DOG IN THE NIGHT-TIME Audition Piece: \_\_\_\_\_

Auditioning for a specific role/roles? If so, which one(s)? \_\_\_\_\_

Are you willing to accept any role (including **ensemble w. speaking roles**)?  Yes  No ( If "No", explain in space below)

\_\_\_\_\_

Are you also auditioning for: *The Wedding Singer*  Yes  No

If auditioning for more than (1) , do you have a preference?  Yes  No If "Yes", #1 Preference: \_\_\_\_\_

**Callback Availability:** Callbacks are held **in person Sat. and Sun., 1-5pm**; actors may be called back for all or part of that time. If you are called back, can you attend for the entire callback period on both days?  Yes  No ( If "No", explain below)

\_\_\_\_\_

**Callback Notification:** The callback list will be on the virtual callboard, on the **Virtual Callboard** on **Friday (Dec. 3) by 11:00PM**. Actors with special situations can request to be notified by phone, email or text.

Do you need a special callback notification?  Yes  No Method/Time: \_\_\_\_\_

**LEGAL**

**LAST NAME** \_\_\_\_\_ **FIRST NAME** \_\_\_\_\_ **M.I.** \_\_\_\_\_ Age \_\_\_\_\_

(check all boxes that apply)

Current SRJC student  High School student  Theatre Arts alumni  Community actor  SRJC Staff/Faculty

Preferred pronouns (optional): \_\_\_\_\_

Phone #: Cell \_\_\_\_\_ (Texts Ok?  Yes  No ) Home: \_\_\_\_\_ Other: \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Are you willing to cut, color, or grow your hair (Men: facial hair?), if necessary? \_\_\_\_\_

**Are you aware that you will be required to pay the SRJC enrollment fee (\$46 per unit) to be in this show?**  Yes  No

**YOUR PERFORMANCE SKILLS, EXPERIENCE & TRAINING:**

**Singing: Vocal Range (check box):**  Soprano  Alto  Tenor  Baritone  Bass

**Choral singing experience?**  Yes  No **Do you read music?**  Yes  No

**Dance: List styles (ballet, tap, ballroom, etc.) & skill level:** \_\_\_\_\_

\_\_\_\_\_

**Musical Instruments:** (list instruments & skill level) \_\_\_\_\_

**Other Performance Skills:** (list dialects, combat, etc.) \_\_\_\_\_

**Experience and Training:** Please list your recent shows and performance classes/workshops below (include role, year, and theatre for shows; for classes, include title, school, and instructor) **OR attach a PDF of your ACTING RESUME.**

**EXPERIENCE AND TRAINING (continued):**

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**AVAILABILITY & CONFLICTS:** Schedules vary from show to show, but are *usually* held 5 days a week in the evenings; however, weekend afternoons are sometimes used. Please note your **regular weekly conflicts** below, including times and details, from TODAY through this show’s last performance . (See posted information about specific production schedule.)

(check box)

**Mondays after 6:00 PM (rare):**     **Available**     **Conflict** \_\_\_\_\_

**Tuesdays after 6:00 PM:**             **Available**     **Conflict** \_\_\_\_\_

**Wednesdays after 6:00 PM:**         **Available**     **Conflict** \_\_\_\_\_

**Thursdays after 6:00 PM:**          **Available**     **Conflict** \_\_\_\_\_

**Fridays after 5:00 PM:**              **Available**     **Conflict** \_\_\_\_\_

**Saturdays after Noon (rare):**        **Available**     **Conflict** \_\_\_\_\_

**Sundays after Noon:**                 **Available**     **Conflict** \_\_\_\_\_

**VARIABLE WEEKLY CONFLICTS** (such as work schedules that change weekly) and **ONE-TIME ONLY CONFLICTS** that absolutely cannot be changed or rescheduled (such as a wedding or vacation): Include dates/times and allow for travel time. *If you have no prior commitments, please, write “NONE” in this space.*

**ADDITIONAL QUESTIONS AND PARTICIPATION CONSENT**

*Note: Information concerning triggers, disabilities, allergies and phobias is strictly voluntary. **Triggers?** **Disabilities** (needing accommodation)? **Allergies** (animals, fabrics, scents, etc)? **Phobias** (heights, tight spaces, falls, etc.)?*

Some shows may require an actor to deal with **special circumstances** such as those below. Should you be uncomfortable doing so, this may or may not affect our ability to cast you. If you are willing to do the following, check box **YES**. If you are uncomfortable with or unwilling to do any of the following, check box **CONCERNS** (if needed, the director will discuss your concerns privately).

- Yes**     **Concerns**    Wear revealing clothing or show various parts of your body
- Yes**     **Concerns**    Use profanity
- Yes**     **Concerns**    Use the word “God” onstage
- Yes**     **Concerns**    Play a character of a different gender, sexual orientation, or cultural background than your own.
- Yes**     **Concerns**    Perform staged sequences of violence
- Yes**     **Concerns**    Perform staged sexual behavior (such as seductive dance moves) and/or physical contact (kissing, etc.)

**CONSENT:** I hereby acknowledge that it is my choice to participate in the SRJC Theatre Arts audition process and I take full responsibility for my actions while doing so. I understand that auditions can be physically and vocally demanding; I will take care of myself and others, as well as abide by all safety instructions during the audition. I give SRJC Theatre Arts permission to photograph and/or record my audition (for director’s reference purposes only), as well as permission to announce and/or post my name should I be called back.

**Name** \_\_\_\_\_ **Signature** \_\_\_\_\_

*If applicable, attach acting resume.*

*Please type name in box above*