Aldersgate Church Community Theater Audition Form

***Frozen, Jr.***

Children Ages 8-18

Primary Contact Information for Both Child/Actor and Responsible Parent

Child/Actor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child/Actor Birthday Month & Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child/Actor’s Cell Phone (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent email(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Height:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hair:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Eye Color:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does Child/Actor have any known allergies? (Please check appropriate answer)

 Yes  No

If YES, please specifically list any known allergies (food, make-up, beauty/hair products, etc)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you auditioning for a SPECIFIC part of character role?  Yes  No

If YES, please list which character role(s) you hope to be considered for:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you willing to accept ANY part or character role including ensemble?  Yes  No

Audition Song: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*VERY IMPORTANT\*\*\***

Please list below **ALL** the***one-time*** *AND* ***regularly occurring conflicts*** between now and the end of the performance period.

**Rehearsals begin Nov 7 with a mandatory parent meeting Nov 9th 1-4pm**

*Rehearsal schedule will be Monday, Tues & Thurs evenings 6:30 - 8:30pm & Saturdays (1-4) \*\*times may be adjusted slightly*

**Rehearsals over winter break are scheduled for Dec 21, 28, 30, 31, Jan 2**

*We understand this is a winter break therefore conflicts over this time will not impact casting decisions.*

**Mandatory Tech Week: Jan 11, 1-4** Cue to Cue**; Jan 12, 1-8:30** Double Tech

**Jan 13 & 14, 5:30-8:30** Tech Rehearsals; **Jan 16, 7:30pm** Preview Show

**Performances: Jan 17, 7:30** (opening)**; Jan 18, 19, 20** all 2pm shows

**Jan 24,** 7:30 show**; Jan 25,** 2:00 & 7:30 Double Shows;

**Jan 26,** 2pm Closing Show & *Mandatory Strike*

One Time Conflict Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Regularly Occurring Conflicts: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Dance Experience -**  Please list below any and all dance experience/training (where have you trained, # of years, type of dance, etc)
* **Performance Experience** - Please indicate any performance experience and include the character played, theater and year. Also list any special skills, voice and/or acting training. (can be continued on the back of this page if needed)

*\*\*if you have never performed for a particular theater, please list any performance experiences you may have had at school or another organization such as drama class or club, summer camp, enrichment classes, dance, voice or music classes, etc. List any special talents, for example, “I can walk on my hands, tap dance, do gymnastics and Hip Hop!*

If not cast, are you (actor) interested in working on any other areas for this production?

 Yes  No

If YES, which of the areas below would be of interest.

 Props  Costumes  Scenery  Lighting  Sound

 Publicity  Usher Concessions  Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If cast, I understand my contact information will be included in the group distribution list.

**Parent Volunteer Commitment**

*ACCT cannot run without many volunteers! Parents will be required to participate in some form or function. We understand busy schedules but because we do not charge money to be a part of the cast, we rely HEAVILY on parent volunteers. Please note that these are not the only volunteer jobs.*

Please check the areas in which you can help and indicate if you are willing to take a LEAD volunteer role

 Props  Costumes  Scenery  Lighting  Sound  Publicity

 Bios/Program Ads  Usher  Concessions  Party Coordinator

 Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that by signing this form, I recognize that my family will be asked to volunteer in some aspect. I also recognize that my child will be required to be at all performances and be an active member of the cast. Strike is also mandatory for all cast members. If you have any questions, please email Marg Soroos ([marg@soroos.net](mailto:marg@soroos.net)) or Jayn Rife (jaynrife@hotmail.com)

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Printed Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Printed Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_