

STOCKTON CIVIC THEATRE

AUDITION FORM

For the production of:

Date:

PLEASE TYPE YOUR NAME AS YOU WISH IT TO APPEAR ON PROGRAM / PUBLICITY

Name:

Address:

City:

State: CA

Zip:

Email:

Home Phone:

Work Phone:

Cell Phone:

I use Facebook

Yes

No

Other Explanation:

Birth Date:

Age:

Height:

Weight:

Hair Color:

Tattoos/Piercings (Description/ placement):

I Identify as:

My Pronouns are:

Acting Experience / or attach resume

Show	Role	Producing Group	Director

List the roles which you are auditioning for in order of preference:

1.	2.	3.	4.
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I am willing to accept any performing role in the production, including ensemble. YES NO

Explanation OPTIONAL:

I understand that all performers are required to help with various aspects of production, including set construction, show chores, scene changes and STRIKE. YES NO

I am willing to work in another area of the production if not cast in an acting role. YES NO

The following are areas I am interested in (check any that apply):

Concessions	Painting/Set Building	Stage Crew
Will Call	Lighting	Costumes
House Manager	Props	Dresser
Usher	Sound	

Are you willing to cut your hair? YES NO

Are you willing to dye your hair? YES NO

CONFLICT SCHEDULE:

I have the following commitments which could affect my rehearsal schedule. *(Please list any and all dates and conflicts):*

On the calendar below, mark the box with an "X" if it is a time you are not available for rehearsing or working on the show:

Time	SUN	MON	TUES	WED	THURS	FRI	SAT
8:00 AM							
9:00							
10:00							
11:00							
Noon							
1:00 PM							
2:00							
3:00							
4:00							
5:00							
6:00							
7:00							
8:00							
9:00							
10:00							

Anything else you'd like us to know such as dance/vocal experience, etc?

Please check box to certify this information is true to the best of your knowledge. You also agree to promptly notify the director and stage manager of any changes.

Type Name:

Date:

Please print and bring this form with you to your audition along with a recent head shot/photo of yourself. If submitting a video audition please Save As titled **(Your Name) Audition Form (Show Name)** and email to director@sctlivetheatre.com