



Musical Audition Form

Contact Information

Name _____ E-mail _____

Address _____ City, ST, ZIP _____

Home Phone _____ Cell Phone _____

Day Phone _____ Evening Phone _____

How did you hear about this audition? _____

Schedule and Conflicts-please see rehearsal calendar to verify dates

(It is imperative that you list each rehearsal conflict. Be very thorough!)

Date of rehearsals not able to come

Date of rehearsals arriving late/leaving early

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***If you require more space to list conflicts, you should reconsider auditioning. During the last three weeks of rehearsal, there should be no schedule conflicts.**

Elk River Community Theatre is a non-profit organization that relies largely on the help of volunteers. Please indicate your areas of interest and talent. (We will use this information to find workers for this production and future productions.)

- | | |
|---|---|
| <input type="checkbox"/> Sewing | <input type="checkbox"/> Program Layout |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Producer |
| <input type="checkbox"/> Set Construction | <input type="checkbox"/> Data Entry |
| <input type="checkbox"/> Lights | <input type="checkbox"/> Stage Management |
| <input type="checkbox"/> Sound | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Ticket Manager | <input type="checkbox"/> House Manager |
| <input type="checkbox"/> Ad Sales | <input type="checkbox"/> Truck and/or Trailer |

It is the general expectation that the cast and crew help to strike the set after the run of the show.

Name: _____ Part(s) desired: _____

Vocal part/range: _____ Do you read music?: _____

Performance Experience & Relevant Training (or attach resume)

(include theatre/dance/singing experience and acting/dance/vocal education)

| Show/Activity | Role or Teacher/Coach | Theatre/Location | Year(s) |
|---------------|-----------------------|------------------|---------|
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Please do not write below this line

| Vocal Audition | | Dance Audition |
|------------------|-------------|----------------|
| Tone: | Pitch: | Routine: |
| Range: | Confidence: | Memory: |
| Presentation: | | Presentation: |
| Comments: | | Comments: |
| Director's Notes | | Comments: |
| Read: | | |
| Confidence: | | |
| Presentation: | | |
| Considered for: | | |
| Call Back: | | Yes No |