



Community Circle Players at Riverwalk

AUDITION FORM (18+)

FOR THEATRE USE ONLY

Actor No.

Audition Day 1 2

Title of show: Are you 18+? Yes No
If under 18 at time of auditions, please ask for a Minor Audition Form and get a signature from parent/guardian.

Your name (as you wish it to appear in programs if cast): Pronouns

Street address: City: State: Zip:

Phone: Email:

Preferred method of contact if you are not cast? Phone Email Either
Note: casting teams may choose how they wish to contact individuals.

Do you have any access needs we should be aware of/can accomodate?

How did you hear about our auditions? Check all that apply:
 Social media Website Newspaper Brochure Word of mouth Other:

Roles you wish to be considered for, in order of preference. ("Any" is a fine answer.)
1. 2. 3.

Would you accept an alternate role? Yes No List any roles you will NOT accept, including ensemble

I agree (check boxes and initial after each):
 to attend all of my scheduled rehearsals (except in case of emergency, illness or injury)
 to promptly notify my director/stage manager if an emergency arises so schedules may be adjusted
 to wear costumes/wigs as assigned without complaint, and to notify the costumer promptly of tears, stains, etc. while in my care
 to cover tattoos, if asked
 to utilize the communication method my directing team deems necessary (social media, email, texting, apps) and check regularly
Will you:
Cut your hair, if asked? Yes No
Color your hair, if asked? Yes No
Shave and/or grow body hair, if asked? Yes No

Experience • List most recent productions, role/positions, and group, OR attach a theatre resume.

Table with 4 columns: Show, Your role, Theatre/Group, Year. Multiple empty rows for data entry.

Music experience (Please fill out for musicals or if asked for a specific production.)

Do you read music? Yes No

Your basic vocal range:
 Soprano Alto Tenor Bass
 Unknown

Can you sing basic harmony?
 Yes No

Are you comfortable singing solo?
 Yes No

Dance experience/training (Please fill out for musicals or if asked for a specific production.)

Other special skills (Accents, juggling, acrobatics, playing an instrument, etc.)

If you are not cast, would you be interested in helping with other areas?

Yes for this production Yes for other future productions

<input type="checkbox"/> Lights	<input type="checkbox"/> Costumes	<input type="checkbox"/> Theatre Committees
<input type="checkbox"/> Sound	<input type="checkbox"/> Makeup	<input type="checkbox"/> Pit Orchestra
<input type="checkbox"/> Stage Management	<input type="checkbox"/> Set Construction	List instruments
<input type="checkbox"/> Props	<input type="checkbox"/> Set Painting	
<input type="checkbox"/> Stage Crew (moving set pieces, fill in as needed)		

Please list any clubs or organizations you are affiliated with:

I certify all information is as complete and correct as possible, to the best of my knowledge. If, during auditions or after casting, my schedule or anything I agreed to change, I will immediately notify the directing team. I understand this may result in my being recast or removed from the show. I agree to conduct myself responsibly and respectfully at all times within Riverwalk Theatre and will notify my director, stage manager, and/or producer if I am not treated with the same care.

Signature of actor

Today's date