



AUDITION FORM

Audition Time: _____

Please fill out this form completely. Correct any pre-filled information that is wrong.

Name: _____
 Address: _____
 City, State, Zip: _____ Mobile Phone: _____
 Email (required) _____ Home Phone: _____

All communication regarding casting will be done by email, therefore please make sure your email address is correct and legible. Your email will be kept private and will only be used by HCTO for theater related information. PLEASE DO NOT CALL THE OFFICE.

M F Age _____ Birth Date _____ Height _____ Weight _____ Hair Color _____
 Vocal Part - Soprano Alto Tenor Bass Have you performed at HCTO previously? Yes No

Staple resumes and headshots to this form. If you do not have a resume, please list experience on the back of this form.

A Christmas Carol					
November / December					
M	T	W	Th	F	S
					25 5:00pm 8:00pm
27 8:00pm	28 8:00pm	29 8:00pm	30 8:00pm	1 8:00pm	2 5:00pm 8:00pm
4 5:00pm 8:00pm	5 5:00pm 8:00pm	6 5:00pm 8:00pm	7 5:00pm 8:00pm	8 5:00pm 8:00pm	9 2:00pm 5:00pm 8:00pm
11 5:00pm 8:00pm	12 5:00pm 8:00pm	13 5:00pm 8:00pm	14 5:00pm 8:00pm	15 5:00pm 8:00pm	16 2:00pm 5:00pm 8:00pm
18 5:00pm 8:00pm	19 5:00pm 8:00pm	20 5:00pm 8:00pm	21 2:00pm 8:00pm	22 2:00pm 8:00pm	23 2:00pm 5:00pm 8:00pm

Please list all conflicts you have between today and Dec. 23 below:

From time to time it becomes necessary to add additional performances due to demand for tickets. The following dates are being held for additional performances if the need arises:
Possible Additional Performance #1: Saturday, December 16th, 2017 at 11:00am
Possible Additional Performance #2: Thursday, December 21st, 2017 at 11:00am
Possible Additional Performance #3: Friday, December 22nd, 2017 at 11:00am
Possible Additional Performance #4: Saturday, December 23rd, 2017 at 11:00am

Are you willing to be single cast? Yes No (This means performing each and every performance instead of alternating. See performance schedule.)
 What is your casting preference Single Cast Double Cast No Preference
 Are you willing to accept any role? Yes No
 If no, which role(s) would you accept? _____
 Do you play a musical instrument? Yes No If yes, which instrument(s)? _____
 Are you a member of Actors' Equity? Yes No
 Have you ever been charged with a felony Yes No

Hale Center Theater Orem provides an excellent environment with quality production staff to give actors a rewarding experience. You will be contacted if you are cast.

PLEASE DO NOT CALL THE OFFICE.

I understand that actors perform on a volunteer basis, but will receive \$25 per performance for those that are double cast and \$35 per performance for those that are single cast. (Children 15 and under receive \$15 for double cast, \$25 for single cast.) (These rates are subsidized in part thanks to a generous grant from the Orem City CARE tax.)

I authorize and consent that Hale Center Theater Orem shall have the absolute right to publish, sell, or assign any and all photographs taken of me as a participant in its productions.

I agree that from this point forward until the end of the run I will not cut or color my hair without approval from the hair and makeup department.

I have read and understand the information above (If under 18, a parent or guardian must sign.)

Signature _____ Parent/Guardian Signature _____ Date _____