



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.

Please list all conflicts you have between today and Aug. 5th below:

| | | | | | | | | | | | | |
|--------------------------------------|----|----|----|----|----|----|----|----|----|--|--|--|
| 4 TARZAN June 9 - August 5 | | | | | | | | | | | | |
| M | M | T | W | Th | F | F | S | S | S | | | |
| | | | | | | | | | | | | |
| JUNE | | | | | | | | | | | | |
| | | | | | | | 3 | | | | | |
| 5 | 6 | 7 | 8 | 9 | | | 10 | 10 | 10 | | | |
| 12 | 13 | 14 | 15 | 16 | | | 17 | 17 | 17 | | | |
| 19 | 20 | 21 | 22 | 23 | | | 24 | 24 | 24 | | | |
| 26 | 27 | 28 | 29 | 30 | | | | | | | | |
| JULY | | | | | | | | | | | | |
| | | | | | | | 1 | 1 | 1 | | | |
| 3 | | 5 | 6 | 7 | | | 8 | 8 | 8 | | | |
| 10 | 11 | 12 | 13 | 14 | | | 15 | 15 | 15 | | | |
| 17 | 18 | 19 | 20 | 21 | | | 22 | 22 | 22 | | | |
| 24 | 24 | 25 | 26 | 27 | 28 | 28 | 29 | 29 | 29 | | | |
| 31 | 31 | | | | | | | | | | | |
| AUGUST | | | | | | | | | | | | |
| | 1 | 2 | 3 | 4 | 4 | 5 | 5 | 5 | 5 | | | |

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: Monday, July 10th, 2017 at 4:00pm
Possible Additional Performance #2: Friday, July 14th, 2017 at 4:00pm
Possible Additional Performance #3: Monday, July 17th, 2017 at 4:00pm
Possible Additional Performance #4: Friday, July 21st, 2017 at 4:00pm

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 \$20 per performance for those that are double cast and \$30 per performance for those that are single cast. (Children 15 and under receive \$10 for double cast, \$20 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 _____