



# Grand Island Little Theatre AUDITION FORM

## General Info

Name of Production \_\_\_\_\_ Performance Dates \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Sex: M F

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email: \_\_\_\_\_

Local Newspaper: \_\_\_\_\_

Voice Type (circle one): *Soprano Mezzo Alto Tenor Baritone Bass Unknown*

Shirt Size: \_\_\_\_\_ Pant Size: \_\_\_\_\_ Dress Size: \_\_\_\_\_ Shoe Size: \_\_\_\_\_

If Under 18, School: \_\_\_\_\_ Grade: \_\_\_\_\_ Parent's Phone: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

## Experience – (Feel free to use the back of this form if you need more space):

### Theater Experience

Date/Year	Play/Show Name	Role	Organization/School	Director

Special Talents (gymnastics, unicycle, musical instrument, juggling, etc.):

\_\_\_\_\_

Other Abilities (construction, sets/props, sewing/costumes, painting/design, etc.)

\_\_\_\_\_

\_\_\_\_\_

Are you or any family members willing to assist in the production in any of the following areas? (Check all that apply)

- Stage Mgr                       Lighting                       Set Construction     Costumes
- Advertising/Publicity     Stage Crew                       Sound                       Make-up
- Hair                                       Ushering                       Box Office                       Concessions

Please list all conflicts you have between now and the performance date and whether they are flexible: \_\_\_\_\_

\_\_\_\_\_

List any parts/roles you are particularly interested in: \_\_\_\_\_

\_\_\_\_\_

List any parts/roles that you do NOT want: \_\_\_\_\_

\_\_\_\_\_

Are you willing to be in the Ensemble/Chorus?  Yes  No

**READ CAREFULLY AND SIGN (IF UNDER 18, PARENT/GUARDIAN MUST SIGN)**

I understand the Grand Island Little Theatre is a community theatre company, and that they do not carry Worker's Compensation Insurance for cast and crew members; I accept full responsibility in the event of an accident or injury. I authorize and consent that Grand Island Little Theatre shall have the absolute right to publish, use, sell, or assign any and all photographs taken of me as a participant in the above production. I have read and understand the information above.

Participant Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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**> This space for GILT use only <**

Director's Notes: