



NAME _____ PHONE _____

ADDRESS _____

E-MAIL _____

EMERGENCY CONTACT _____ PHONE _____

HEIGHT _____ HAIR COLOR _____ PREFERRED PRONOUNS _____

What role(s) do you prefer?

1. _____ 2. _____ 3. _____

Would you accept any other role of the cast other than what you listed? YES _____ NO _____

BRIEFLY state your theatrical experience (if you need more room, use the back or provide resume):

| ROLE | SHOW | ORGANIZATION | YEAR |
|------|------|--------------|------|
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If you are not cast in this production, will you help on the production staff? _____ If yes, please list areas of expertise and/or interest: _____

IMPORTANT NOTE : YOU MAY BE ASKED TO **PROVIDE/PURCHASE** THE NECESSARY **FOOTWEAR** NEEDED FOR THIS SHOW. In addition, you are expected to provide basic wardrobe items such as shoes, jeans, t-shirts, and any undergarments.

Rehearsals will be held 1 - 2 times a week, except for final week. **IT IS IMPERATIVE THAT EACH CAST MEMBER BE PRESENT AT ALL REQUIRED REHEARSALS.** Consider your time commitments. On the other side, indicate all the expected conflicts that might keep you from ANY rehearsals (holidays, work, vacations, night classes, business trips, meetings, etc). **PLEASE BE HONEST! Emergency absences may occur, but repeated instances will result in recasting.** In case of emergency, early notification is expected to the director or the stage manager. Contact phone numbers will be provided.

By signing, you give County Players, Inc. permission to use your image and/or voice for promotional and archival purposes.

RELAX, ENJOY AND BREAK A LEG!

How did you hear about auditions?

SIGNATURE

PRODUCTION STAFF NOTES: COMMENTS: _____