

Audition # _____



Turn in this form with a CURRENT PHOTO at AUDITIONS.

SPRING AWAKENING ACTOR AUDITION FORM

Name _____ Male Female

Performer Home Phone: _____ Performer Cell Phone: _____

Address _____ City _____ Zip _____

Email _____ Age _____ Date of Birth _____

Height _____ ft. _____ in. Hair Color _____

Voice Range: Bass Baritone Tenor Alto Soprano

List ALL commitments that might interfere with rehearsals and performances – OR attach conflict calendar. Give SPECIFIC DATES and TIMES. No absences are allowed during Tech Week, and no missed performances. Conflicts reported after casting may result in dismissal from the show.

Role(s) I wish to be considered for: _____

Would you accept another role other than choice? Yes (specify) _____ No

List the shows you have been in (or attach resume): _____

Dance Training: (Please list styles and # of years) _____

Audition Song: _____

----- (Please DO NOT write below this line) -----

Director's Comments:

AMERICAN ROSE THEATRE



CONTACT INFORMATION

Please fill out using a computer, or write **clearly** and legibly.

NAME _____
Last First Mi

For cast and crew members under 18 years of age.

SCHOOL _____ **Grade/Year:** _____

For cast and crew members under 18 years of age.

Mother's Name: _____ **Phone 1** _____

Email1 _____ **Phone 2** _____

Father's Name: _____ **Phone 1** _____

Email1 _____ **Phone 2** _____

AUDITION INFORMATION *for performers only*

How did you hear about our program? _____

**Name of last show you were in/
Director or Company Name:** _____

Experience is not a requirement, but if you have performed before, please tell us about it on the next page (or attach your resume).

Acting Training / Experience

Vocal Training / Experience

Dance Training / Experience

Special Talents / Abilities

Performer Signature: _____ **DATE:** _____

Parent Signature: _____ **DATE:** _____

If performer is under 18 years of age.

AMERICAN ROSE THEATRE



PARTICIPANT CONTRACT

LAST NAME

(ACTORS, BAND, CREW)

Attendance

- I agree to arrive at scheduled rehearsals on time, **ACTORS:** and in appropriate clothing and shoes. **MUSICIANS:** with music and instrument. **ALL PARTICIPANTS (CAST, CREW, MUSICIANS, VOLUNTEERS)** agree to wear close-toed shoes when rehearsing in the theater spaces, and when around sets.
- **PARENTS:** I realize that if my minor child is chosen for the cast or band, I am responsible to make sure he/she attends every performance and every rehearsal for which he/she is scheduled. In case of illness, I will notify the Stage Manager in advance.
- I agree to attend all rehearsals for which I am scheduled. I understand that it is extremely important that every participant be at rehearsal when called. For the good of the show and out of respect for the actors and staff, the director must know my part is covered. Attendance is taken at each rehearsal. Unexcused absences may result in having my role in the production reduced, or in the case of extended absence, I may be dismissed from the production without a refund.
- I understand that arriving more than thirty minutes late, or leaving more than thirty minutes early, from a rehearsal constitutes an absence.
- I understand that I was asked to list ALL conflicts on my conflict sheet BEFORE my audition. If I am not present at any rehearsals during a time NOT on my conflict sheet, it will be considered an unexcused absence. If I have one unexcused absence and I am not already doublecast or have an understudy, I may be given an understudy. If I have two unexcused absences, I may be doublecast and may be susceptible to losing the opportunity to perform my designated part in one or more shows.
- If I miss a choreography rehearsal or if I have arrived too late (as determined by the choreographer), I am responsible to connect with the choreographer or dance captain to cover any missed material. If too much material has been missed, I understand that I may forfeit participation in that dance number, regardless of the excuse and regardless of prior notice.
- I will remain at rehearsals until the rehearsal is completed and I am excused. I understand that for my safety, if I am under age 18, I am not allowed to leave the rehearsal/theater premises without adult permission and/or supervision.
- I understand that work is not an excuse to miss a rehearsal.

Behavior

- I will be respectful and courteous to the directors, the cast, band and crew members, and the volunteers.
- I will maintain a positive and cooperative attitude, and support and encourage my fellow performers. I will listen while others are being rehearsed or coached.
- I will be prepared for rehearsals with my script, music, a pencil, and water.
- I will have my lines and music memorized on due dates. I will practice outside of rehearsal.
- I understand that no food or drink, except water, is allowed on the dance/rehearsal floor or stage. There will be a designated place to eat snacks/meals.
- I will help clean up the rehearsal/performance hall and dressing rooms after rehearsal and performances.

I know that if the Director thinks I am not fulfilling my obligations, he/she will have a conference with me that could result in my removal from the show at any time. If this does happen, I understand his/her decision is final and no fees will be refunded. If I am under 18 my parents will be notified.

I HAVE READ AND UNDERSTAND THE CONDITIONS LISTED ABOVE AND AGREE TO ABIDE BY THEM.

Performer Signature: _____

DATE: _____

Parent Signature: _____

DATE: _____

(Parent or Guardian signature required if performer is under 18 at time of audition)

AMERICAN ROSE THEATRE



PRODUCTION FEES

LAST NAME

ART fees go directly to pay the costs of producing our shows. ART Board Members are strictly volunteer, and receive no salary. Fees help cover the cost of licensing rights, rental spaces, production staff, costuming, sets, etc. We have a limited number of internships – contact us for more information.

SHOW	FEES	# of PERFORMERS	AMOUNT <i>Fee * # of performers</i>
Spring Awakening - Production Fee	\$ 280.00 <i>per performer</i>		
Script, Costume and Music (CD) Fee <i>Actors are responsible for their own shoes, undergarments and makeup. You may pay this at auditions or after casting.</i>	\$ 45.00 <i>per performer</i>		
TOTAL - Make checks payable to AMERICAN ROSE THEATRE	\$ 325.00		

CASTING, REFUND AND ATTENDANCE POLICIES

- American Rose Theatre's acceptance of your registration is not a commitment to you being cast and performing in this production. American Rose Theatre can make no commitment regarding specific roles.
- If a performer is accepted into the program, all fees must be paid in full.
- If a performer is not accepted into the program, any fees paid will be refunded in full.
- Your commitment to ART is to participate in our production fully. Please, do not audition if you are not able, or committed to participating fully.
- It is extremely important that every performer be at rehearsal when called. For the good of the show and out of respect for the performers and staff, we must know that we have your part covered. Attendance will be taken at each rehearsal.
- We ask you to list ALL conflicts on your conflict sheet BEFORE auditioning. If you are not present at any rehearsal during a time NOT on the conflict sheet, it will be considered an unexcused absence. If you have one unexcused absence and do not have an understudy, you may be given an understudy. If you have two unexcused absences, you may be subject to losing the opportunity to perform the designated part in one or more shows.
- Arriving more than 30 minutes late or leaving early from rehearsal is considered an absence. No absences are allowed during Tech Week and Dress Rehearsal and Performance Dates.
- Cast members not meeting the obligations of their Performer's Contract may be removed from the show at any time with no fees refunded.

By signing and submitting this form I signify that I have read and understand the Casting, Refund and Attendance policies. I understand the guidelines and agree to abide by them.

Use one Production Fee Form for all performers in same family:

Performer 1

_____	_____	_____
Name (please print)	Signature	Date

Performer 2

_____	_____	_____
Name (please print)	Signature	Date

Performer 3

_____	_____	_____
Name (please print)	Signature	Date

Parent /Guardian

_____	_____	_____
Name (please print)	Signature	Date

(Parent or Guardian signature required If cast/crew member(s) is/are under 18

AMERICAN ROSE THEATRE

FAMILY VOLUNTEER FORM

LAST NAME

- I realize that if my performer is chosen for the cast or band, I am responsible to make sure he/she attends every performance and every rehearsal for which he/she is scheduled. In case of illness, I will notify the Stage Manager in advance.
- I understand that one parent/guardian is required to attend a parent orientation meeting after casting, and any additional meetings that may be scheduled.
- Families of performers agree to volunteer 10 or more hours as part of a volunteer committee.
- Families of actors and musicians agree that at least one family member will volunteer during 3 shows in one of the following areas during the show performances: Ushering, Box Office, Green Room duties. Please indicate your order of preference (1 = most preferred)

VOLUNTEER OPPORTUNITIES – PLEASE INDICATE YOUR PREFERENCES IN EACH SECTION 1, 2 AND 3.

1 MANDATORY FOR ALL FAMILIES OF ACTORS AND BAND TO HELP WITH THE FOLLOWING:

-- All families will help with one or more of the following areas during 3 performances. Please indicate at least one area where you will volunteer. You may indicate your preference (1 = 1st choice, 2 = 2nd choice, etc).

___ House / Box Office ___ Ushering ___ Greenroom / Backstage Volunteer

2 VOLUNTEER AREAS: FOR PARENTS OF ACTORS: Please indicate your volunteer preferences, numbered 1, 2, 3, etc. Choose at least 2.

___ Rehearsal Volunteer

___ Concessions

___ Lobby Display

___ Computer Support

___ Load-In

___ PR / Promotions

Help us promote the show – hand out flyers, hang posters around town.

___ Wrap Party circle 1 or more

Offer your home or facility / organize party / other

___ Props

___ Make-up

___ Photography (circle 1 or more)

Rehearsals / Show / Headshots

___ Technical – sound

___ Load-Out (Strike)

___ Cast/Crew meals

Help organize a meal for days with 2 shows – take orders, collect payment, arrange pickup of food/drinks.

___ Media Connections

Do you work in media or have contacts in the media to help us promote the show?

___ Costumes

___ Sets Building & Painting

Video

___ Filming ___ Editing

___ Technical – lights

___ Program/Posters

___ Water / ICE organize and collect cases of water for the cast and crew during production. Bring ice before every show for concessions.

___ Other describe: _____

3 REHEARSAL / GREEN ROOM MONITORS: At ART, safety is a primary concern for all participants. As part of our safety measures, it is our policy to have a minimum of 2 adults present at each rehearsal. Each family will be asked to supervise during one (1) rehearsal of the show.

COMMENTS:

By signing and submitting this form I signify that I have read and understand the Family Participation policies. I understand them and agree to abide by them.

Parent Signature: _____

DATE: _____

AMERICAN ROSE THEATRE

MEDICAL RELEASE

LAST NAME

If Participant (performer, band, crew) is Under 18, please have parent/guardian fill this out:

In the event an individual over 18 is injured and is unable to communicate, ART will try to reach the emergency contact listed below.

In the event a minor child under the age of 18 is injured or an emergency occurs, ART will make every effort to reach the parent. If the parent cannot be reached, ART will try to reach the emergency contact listed below.

If possible, ART will call the designated doctor or dentist. However, if deemed necessary because of the nature of the injury or emergency, ART will obtain treatment from the nearest hospital. Please sign below to give your permission to obtain medical assistance for yourself or your child as described above in the event of an injury or emergency.

Name of Cast Member _____ Birthdate: _____ Age _____

Home Phone: _____ Day Phone _____ Cell/Pager # _____

Insurance Provider _____ Phone: _____

Insurance Policy Number _____

Family Doctor _____ Phone: _____

Address _____

Family Dentist _____ Phone: _____

Address _____

If Cast/Crew Member is Under 18, please fill out the following:

Mother's Name _____

Best phone _____ Phone 2 _____ Phone 3 _____
to reach you at

Father's Name _____

Best phone _____ Phone 2 _____ Phone 3 _____
to reach you at

Is there anything else you would like to tell us about your minor child (or about yourself if you are over 18)?

Please provide us with an additional emergency contact: Provide the name of a friend or relative to be called:

Emergency Contact Name: _____ Relationship _____

Phone 1 (best) _____ Phone 2 _____ Phone 3 _____

Name (please print) _____

Signature: _____ DATE: _____

(If cast/crew member is under age 18 at time of audition, a parent or guardian is required to sign this medical form)

AMERICAN ROSE THEATRE

RELEASE OF LIABILITY - MINOR

(If cast/crew member is under age 18 at time of audition, a parent or guardian is required to sign this form)

American Rose Theatre does its utmost to ensure the health and safety of its participants. Parents of minor children participating in ART productions are advised to be mindful of the fact that performance in (and rehearsing for) live theater has the potential for risk of danger (including, but not limited to, use of costumes, use of stage props, use of stage weapons such as blades or firearms, use of stage pyrotechnics, etc).

I, _____

Fill in name of performer above

acknowledge that my participation in this production is voluntary. I acknowledge that I have been advised of the potential dangers of performance in live theater. After deliberation, I elect to voluntarily participate in this production. I agree to exercise due care and diligence while participating in this production, and to heed all instructions given to me with regard to safety and procedure in the rehearsal spaces / performance venue and surrounding area. I agree to hold harmless (and waive any claim or action against) American Rose Theatre, its agents, owners, directors, board of directors, producers and staff from any liability, fault or action arising from participation in this production.

Company Member's Signature

Date

Parent/Guardian Signature of Minor

Parent/guardian must sign if performer is under 18

Date

RELEASE OF LIABILITY - ADULT

American Rose Theatre does its utmost to ensure the health and safety of its participants. Adult participants and volunteers are advised to be mindful of the fact that performance in (and rehearsing for) live theater has the potential for risk of danger (including, but not limited to, use of costumes, use of stage props, use of stage weapons such as blades or firearms, use of stage pyrotechnics, etc).

I, _____ acknowledge that my participation in this production is voluntary. I acknowledge that I have been advised of the potential dangers of performance in live theater. After deliberation, I elect to voluntarily participate in this production. I agree to exercise due care and diligence while participating in this production, and to heed all instructions given to me with regard to safety and procedure in the rehearsal spaces / performance venue and surrounding area. I agree to hold harmless (and waive any claim or action against) American Rose Theatre, its agents, owners, directors, board of directors, producers and staff from any liability, fault or action arising from participation in this production.

Adult Participant's Signature

Date

PHOTO/VIDEO RELEASE

I, _____, hereby grant American Rose Theatre permission to
(Performer name or name of parent/guardian if cast member is under 18)
photograph, film, tape or record _____ as a participant in this ART production.
(name of performer)

I understand that American Rose Theatre may choose to photograph, film, tape or record the above-named participant for publicity, documentation, or ticket sales purposes, and that by signing this Photo Release form I give them full permission and waive all copyright and future considerations.

Performer Signature: _____

DATE: _____

(If cast / crew member is under age 18 at time of audition, have a parent or guardian sign this waiver)