Fauquier Community Theatre AUDITION FORM

 **The Wizard of Oz**

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Home Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Work Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Method of communication\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age \_\_\_\_\_\_\_\_ Male\_\_\_\_\_ Female\_\_\_\_\_\_ Parents’ names (if under 18) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How did you hear about this audition?**

Newspaper (which one?) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FCT Website \_\_\_ FCT E-Newsletter\_\_\_\_ Friend \_\_\_ Facebook \_\_\_ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check appropriate spaces**: Actor \_\_\_ Singer \_\_\_ Dancer \_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_\_ Hair Color \_\_\_\_\_\_\_\_\_\_ Range (if known): Bass Baritone Tenor Alto Soprano

**For which part(s) are you auditioning?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you accept the director’s vision to see you in another part? Yes \_\_\_\_ No \_\_\_\_

Are you willing to: Cut, perm, or dye your hair? Yes \_\_\_\_ No \_\_\_\_ Wear a wig? Yes \_\_\_\_ No \_\_\_\_

Is accepting a part in this show contingent on someone else being cast? Yes \_\_\_\_ No \_\_\_\_

If so, who is it? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List your singing, music, dancing or other theatre experience, or attach your resume**

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**PLEASE TURN OVER for more information!**

**IMPORTANT INFORMATION – PLEASE READ AND SIGN!**

Anyone cast may be required to attend up to 3 rehearsals per week prior to Tech Week and every day during Tech Week. Weekday rehearsals will begin promptly at 6:30 and run to about 8:30 or 9:00 PM. Weekend rehearsals will be held during the day. **During Tech Week, some rehearsals** **may run as late as 9:30 PM.**

The performance dates for **The Wizard of Oz** are **June 2, 3, 4, 9, 10, 11 and 15 (time to be determined) 2017,** for a total of **7** performances. Evening performances are at 7:00 PM with a call of 5:30, and Sunday Matinee performances are at 2:00 PM with a call of 12:30. There may be one or more pick-up rehearsals during the run. The set will be struck following the last matinee performance. **All members of the cast are required to assist.** The cast party will follow the striking of the set. **You MUST be able to commit to attending ALL rehearsals during Tech Week and ALL performances.**

Your availability for rehearsals and performances will GREATLY influence your chances of receiving a part. Please list any prior commitments (regular or occasional) that may conflict with the rehearsal schedule:

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Please note the following FCT policies:

* You also **may not eat at any time while in costume**, indoors or outdoors.
* Adherence to the policies of Fauquier County Department of Parks and Recreation and to those of our rehearsal hosts is expected of all participants.
* It is the responsibility of all participants to assure that all aspects of the production are conducted in a safe manner. Participation in this production is strictly voluntary. The participant agrees to hold harmless and indemnify Fauquier Community Theatre-Story Painters, Inc., its Board of Directors, employees, and associated representatives from any and all claims, judgments or settlements resulting from the participant’s involvement in any rehearsals or performances of this show.
* You are required to purchase some or all of your costume. We will give you guidelines of what we want.
* There will also be a small fee to cover the cost of show shirts/scripts.

**Your signature below indicates your acceptance of all Fauquier Community Theatre policies.**

**Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Signature (if under 18) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**