

AUDITION  
FORM



Attach  
Photo  
Here

## THE IMPORTANCE of being JEWISH

7 – 22<sup>ND</sup> AUGUST 2021

Please fill out as much of the requested information below as possible.

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

Age Range: \_\_\_\_\_ Preferred Gender Pronoun: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

### NOTABLE PREVIOUS PERFORMANCE EXPERIENCE OR ROLES:

\_\_\_\_\_ COMPANY \_\_\_\_\_ YEAR \_\_\_\_\_

\_\_\_\_\_ COMPANY \_\_\_\_\_ YEAR \_\_\_\_\_

\_\_\_\_\_ COMPANY \_\_\_\_\_ YEAR \_\_\_\_\_

**Role You're Auditioning for:** \_\_\_\_\_

**Would you consider other roles?** YES  NO

**Would you consider playing a role of the opposite sex?** YES  NO

**Would you accept an ensemble role?** YES  NO

**Are you willing to play an understudy?** YES  NO

**DANCE/MOVEMENT:** BALLET  TAP  JAZZ  CONTEMP/MODERN  HIP-HOP  BALLROOM  OTHER

**Style (if Other):** \_\_\_\_\_ **#of Years:** \_\_\_\_\_

**Skill Level:** BEGINNER  INTERMEDIATE  ADVANCED

**Special Skills:** STAGE COMBAT  JUGGLING  ACROBATICS  CIRCUS  CHEERLEADING  GYMNASTICS

**Other Skills to Note:** \_\_\_\_\_

### OTHER OPPORTUNITIES WITH US:

If not cast as a performer, would you be interested in working as crew or stage manager? YES  NO

PLEASE SPECIFY \_\_\_\_\_

**Other Applicable Skills** (select multiple if applicable): CHOREOGRAPHY  PUBLIC RELATIONS  SPECIAL EFFECTS

FRONT OF HOUSE  LIGHTBOARD  MAKEUP  PHOTOGRAPHY  PROPS  PUPPETRY  RIGGING/FLYING

SET BUILDING  SET PAINTING  SEWING/COSTUMES  SPECIAL EFFECTS  SPOTLIGHT  STAGE

MANAGEMENT

**YOUR PREFERRED CONTACT INFO:**

Full Name: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
City, State, Postcode: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
E-mail address 1: \_\_\_\_\_ E-mail address 2: \_\_\_\_\_  
Facebook: \_\_\_\_\_ Instagram: \_\_\_\_\_

**Potential medical or other conditions to note:** *(Are you diabetic? Asthmatic? Suffer from serious allergies?*

*Do you suffer from any phobias we should be aware of?):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Are you currently performing/rehearsing anything now?** *Please note the show and schedule below:*

\_\_\_\_\_  
\_\_\_\_\_

**Are there any weekday evenings and/or weekend days that you ABSOLUTELY cannot rehearse on?**

YES  NO  PLEASE SPECIFY \_\_\_\_\_

**Are there any known dates during the rehearsal and bump in period where you know you will be**

**unavailable due to other commitments, eg. holidays, family events, work events etc.?** YES  NO

PLEASE SPECIFY \_\_\_\_\_

*(Please see our attached Rehearsal/Performance Calendar for specific dates):*

**How did you hear about our auditions?**

NEWSPAPER  E-MAIL  OUR WEBSITE  FRIEND  TEACHER  INDUSTRY MAG/WEBSITE  OTHER

**Would you like to sign up for Saltpillar's email list?** YES  NO

**EMERGENCY CONTACT:**

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

Parent or Guardian Info (if Under 18): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Doctor Name and Phone (if Applicable): \_\_\_\_\_

*Thank you for your interest in our production! We appreciate you sharing your talent with us and look forward to the opportunity to work with you.*