

Coney Island Audition Form

****Please use ink****

PHOTO# _____

Please PRINT Clearly

Name _____

Age ____ Height ____ Pronouns _____ Allergies _____

What role (s) are you interested in?

Are you willing to accept another role if offered? Yes No

Are you interested in assisting with stage crew? Yes No

EXPERIENCE: Use reverse if necessary.

CONTACT INFORMATION:

Address: _____

E-mail: _____ Cell Phone: _____

For participants under 18: Parent/Guardian Name _____

Cell #: _____

E-mail: _____

Are you or your parent/guardian able to insure reliable transportation to and from all scheduled rehearsals and performances? Yes No _____ **(please initial)**

MANDATORY DATES: If you get a role, you are required to be present on all of these dates.

TECH: Sun 12/1 (Plan on being available all day) Mon 12/2 & Tues 12/3

MEMBER PRE/VIEW: Wed 12/4 (7pm call)

SHOW DATES: Fridays 12/6 & 12/13 (7pm call)

Saturdays 12/7 & 12/14 (7pm)

Sundays 12/8 & 12/15 (1pm call)

I will be present for all the mandatory dates listed. Yes No _____ **(please initial)**

Please see reverse side about scheduling conflicts (BE HONEST)

*** Anyone over 18 involved in a show at DCP must have all their clearances. This includes cast, crew and volunteers. I understand that I must submit my clearances within 2 weeks of being cast _____ **(please initial)**

*** Bios are due to the Producer 2 weeks from Read Through _____ **(please initial)**

*** I understand that all DCP policies (including our Anti-Harassment/Discrimination policy) are available on our website. _____ **(please initial)** **(Parent/Guardian)** _____ **(please initial)**