

The Sound of
Music
AUDITION FORM

Name (as you would like it to appear): _____

Parent's name (if under 18): _____

Email (parent's email if under 18): _____

Cell # (parent's cell # if under 18): _____

Gender: _____ Are you willing to play a role of the opposite gender: Yes No

What is your voice part/ vocal range: _____

Can you read music? Yes No

Can you play the guitar? Yes No

Primary role(s) of interest: _____

What night do you intend to audition? 6/11 or 6/ 12

Height: _____ Shirt Size: _____ Pants Size: _____ Dress Size: _____

If you are over the age of 18, do you have local/ state/ federal clearances? Yes No

If not cast, are you willing to assist in a crew or production position? Yes No

If yes, what type of crew/production work? _____

Please list any conflicts dates (please note that 2 set builds, dress/tech rehearsals and all performances are mandatory) You may use the back of this sheet if necessary.

Performance experience, if any (optional). You may use the back of this sheet if necessary.

Please use this space to indicate any required accommodations, special needs, or relevant allergies (optional):

Write Yes or No next to: Which of the following you are comfortable with (note: your selections will not prevent your being cast in any particular role and are simply to assist the director in creating a safe environment)

Light physical intimacy (hugging, touching, holding hands)

Kissing on the cheek, forehead, or hand

Growing, cutting, or dyeing hair/facial hair

Wearing a wig

Changing in a shared dressing room

Walking up/down steps

Loud noises and/or flashing lights

Performing alongside a German Shepherd Dog

Dancing (a choreographer and dance captain will be used if there is any dancing)

Is there anything NOT mentioned above that you are unwilling to perform onstage? Please note that this is a family production and will not include any nudity, profanity, or strong language. (optional)
