



Audition Form

(Please Print Legibly)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ - _____ Cell Phone (if over 16 years old): (_____) _____ - _____

Parent's Cell Phone/Name (if 16 years old or younger): (_____) _____ - _____ / _____

Email (if over 16 years old): _____

Parent's email (if 16 years old or younger): _____

Age: _____ Hair Color: _____ Eye Color: _____ Height: _____ Weight: _____

Are you willing to change your appearance (i.e., hair color, length): Yes _____ No _____

Role(s) interested in: (PLEASE IDENTIFY) _____

Are you willing to accept any other role? Yes _____ No _____

If you are auditioning with your child(ren) and he/she/they are not cast, are you willing to still be cast for a role in the production? Yes _____ No _____

Please contact me regarding callbacks by using my: cell phone _____ email _____ phone _____

Have you appeared in other Theater Group Productions? Yes _____ No _____

If yes, please list Theater Group/Production/Role (use back if needed): _____

In accepting any role with Glyndon Area Players, the performer agrees that "*Anastasia*" is his/her top priority; therefore, will not accept a role in another production with any other production company encompassing the period from **June 1, 2024** through our final performance, **August 11, 2024**.

Our production will be performed **August 2, 3, 4, and 8, 9, 10, 11**. You **MUST** be available for **all** scheduled show dates and **EVERY DAY** during **TECH WEEK** (**July 26 – August 1**). We will follow a *Tuesday, Thursday, and Sunday Rehearsal Schedule* beginning mid-May, with musical rehearsals starting earlier in May. Please list all known conflicts through the summer (vacations, summer camp, sports, etc.):

If you are not selected for a cast role, would you be willing to help behind the scenes with:

Costumes _____ Set Construction _____ Stage Crew _____ Tickets _____ Publicity _____