**Rudolph Jr.**

Audition Form

*(Please Write Legibly)*

**Contact Information (Student)**

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Information (Parent)**

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Casting**

Roles I would like to be considered for:

1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Will you accept an ensemble roll: *Yes No*

**Conflicts**

Please write down any other weekly commitments

|  ***Monday***  |  ***Tuesday***  |  ***Wednesday***  |  ***Thursday***  |  ***Friday***  |
| --- | --- | --- | --- | --- |

Please write any other conflicts you may have over the course of the upcoming rehearsals leading up to our show week Dec. 11-15:

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Rehearsal Agreement**

By signing below, I agree to:

1. *Attend All Rehearsals:*
* I will attend every scheduled rehearsal I am called for. I understand that missing a rehearsal means I will not be included in the material or work covered that day unless previously mentioned on this form or discussed with the directors in the case of an emergency.
1. *Commit to Performances:*
* I will be present and punctual for all performances on December 11-15
1. *Notify of Absences:*
* I will inform the director and stage manager of any unavoidable absences as soon as possible, preferably at least 48 hours in advance.
1. *Understand Consequences:*
* I acknowledge that failing to adhere to these commitments may affect my role in the production.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_