

ENCORE STAGE AND STUDIO – AUDITION FORM

Please fill out completely as possible and bring to auditions. At auditions, please review calendar and note any conflicts on the back of this form, and then turn the form in to Encore personnel to receive an audition number. Please print clearly.

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Child's email address: _____

Age: _____ Birth date: _____ Grade: _____ Hair color: _____ Eye Color: _____ Ht: _____ Wt: _____

Mother's Name: _____ Cell phone: _____ Email: _____

Father's Name: _____ Cell phone: _____ Email: _____

Which parent will be the key point of contact for information and updates? (circle) Mother Father

Key Parent Contact's Address (if different from above):

School (Name, City, and County):

How did you find out about this audition? _____

Have you auditioned before for Encore Stage and Studio (The Children's Theater)? Yes No

Please list your stage experience, including the names of the plays, the roles you played, and where they were produced (i.e., Encore, school, church, etc.). Also include any theatre, voice, or dance classes you have taken. Use the back of the sheet if necessary.

SHOW

ROLE

WHERE

<u>SHOW</u>	<u>ROLE</u>	<u>WHERE</u>

Do you play a musical instrument? Yes _____ No _____ Which one(s)? _____ How long? _____

List any other special skills (i.e., juggling, gymnastics, roller blading, roller skating, etc.) : _____

Why do you want to be in this play? _____

Will you accept any role offered? (circle one) Yes No

SCHEDULE CONFLICTS

Please review the calendar carefully and list ALL conflicts on the back. Minor conflicts will not affect casting. However, if you are cast and other activities come up, this show will be your first priority. This includes athletics and other activities. The director will replace cast members who are not responsible about this. This is a group activity and respect must be shown to all participants in this regard. THANKS FOR COMING AND BREAK A LEG!

ENCORE STAGE AND STUDIO AUDITION SURVEY

Please take time to fill out and submit the following Applicant Audition Survey and ask your parents to complete the parent audition survey section. **Thank you!**

Audition Applicant Survey:

Have you ever seen an Encore Stage & Studio production? ____ Yes ____ No

If you have seen more than one show with us, which one was your favorite?

Do you like to read? ____ Yes ____ No

If you had a choice of books, would you choose historical fiction (like *Pocahontas*), classic books (like the *Redwall* series) or fairy tales (like *Twelve Dancing Princesses*)?

Do you have a suggestion for next year's 2008 – 2009 season? _____

Parent Survey:

What is your Zip Code? _____

Do you or have you incorporated reading along with your children? ____ Yes ____ No

Does your family have a chance to read the books from which we derive our season selections? ____ Yes ____ No

Have you seen an Encore Stage & Studio production previously? ____ Yes ____ No

If Yes, which one? _____

Do you have a favorite show? ____ Yes ____ No

If Yes, which one? _____

Will you be attending the Act III Young Adult and Community production of *Frog and Toad* that we will produce this summer? ____ Yes ____ No