

Smithfield Little Theatre

Audition Form

Please feel free to use the back of the form for any additional information/ if you run out of space.

Name: _____ Pronouns: _____

Phone Number: _____ Email: _____

Address: _____

Age: _____ Vocal Range: _____

If under 18, name of parent/ guardian: _____

If under 18, phone number for parent/ guardian: _____

Dance Experience (if yes, specify): _____

Physical Limitations (please note that SLT will do their best to accommodate any needs):

Would you be willing to change your appearance if asked? (Including but not limited to hair length, hair color, facial hair, etc.) Yes No

If no, what are you not willing to change? _____

Would you be willing to accept any role, regardless of size? Yes No

Role(s) you are interested in: _____

Role(s) you would not accept: _____

SLT typically uses Facebook Groups to communicate with cast and crew members during the rehearsal and performance process. Do you have Facebook/ are you willing to make an account and check it for these communication purposes? Yes No

List all evening and weekend conflicts from today through closing night of the show:

*SLT reserves the right to replace any performer or crew member with repeated conflicts not listed on their audition form.

If you have not attached a resume, please list any special skills or previous experience:

Where did you hear about auditions? _____

Are you interested in receiving information about further volunteer opportunities?

- | | | |
|---------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Concessions | <input type="checkbox"/> Lighting | <input type="checkbox"/> Scenic |
| <input type="checkbox"/> Box Office | <input type="checkbox"/> Sound | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Ushering | <input type="checkbox"/> Stage Management | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Costumes | | |
| <input type="checkbox"/> Running Crew | <input type="checkbox"/> Props | |

I understand, that as an SLT volunteer, photos may be taken of me (or my child) while working in the space that may be used for marketing purposes including but not limited to social media, websites, printed materials, and press. Do you consent to having your photo taken and published? Yes No

Your below signature confirms that all information on this form is correct. Should you be cast, you agree to inform the director(s) in writing as soon as possible of any changes to your personal information, conflicts, or any other information/answers on this form.

Signature: _____ Date: _____

*If auditioner is under 18 parent/guardian must sign indicating permission to volunteer per SLT's volunteer age policy as well as permission for photos.