

# Hingham Civic Music Theatre Audition Form



Name \_\_\_\_\_ E-mail \_\_\_\_\_

Best Phone Number to reach you \_\_\_\_\_ Age, if under 18 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Name, if under 18 \_\_\_\_\_ Parent's Phone, if different \_\_\_\_\_

Parent's E-mail, if different \_\_\_\_\_

Please list all roles you are willing to accept (please be honest; it will **not** impact your casting in another role if you do not circle ensemble.)

\_\_\_\_\_

Are you willing to accept an ensemble role? Yes      No

Please circle all voice parts that you are capable of singing (not what you *really* are):    Soprano      Alto      Tenor      Bass

Do you read music?    Yes      No

How did you hear about auditions  Postcard     Email     Facebook     StageSource     BP Web Site     NETheater411  
 HCMT Member    Other (please include name of publication, if any)? \_\_\_\_\_

Anyone cast in an HCMT production is obligated to assist with some area of production.

Please check off areas of experience (exp) or interest:

	Exp	Interest		Exp.	Interest		Exp.	Interest
Set Construction	<input type="checkbox"/>	<input type="checkbox"/>	Program	<input type="checkbox"/>	<input type="checkbox"/>	Lighting	<input type="checkbox"/>	<input type="checkbox"/>
Set Painting	<input type="checkbox"/>	<input type="checkbox"/>	Graphic Design	<input type="checkbox"/>	<input type="checkbox"/>	Sound	<input type="checkbox"/>	<input type="checkbox"/>
Set Dressing	<input type="checkbox"/>	<input type="checkbox"/>	Publicity	<input type="checkbox"/>	<input type="checkbox"/>	Other:		
Light Hanging	<input type="checkbox"/>	<input type="checkbox"/>	Costumes	<input type="checkbox"/>	<input type="checkbox"/>			
Hair Dressing	<input type="checkbox"/>	<input type="checkbox"/>	Makeup	<input type="checkbox"/>	<input type="checkbox"/>			

Rehearsals will take place 2 or 3 days per week on Monday, Tuesday, Wednesday, or Thursday nights, and usually begin at 7PM. Final rehearsal schedule will be determined based on cast availability. Please list below any commitments (classes, vacation, business travel, family events, etc.) between now and the end of the run of the show that may conflict with rehearsals. **NO conflicts will be accepted during tech week, or for performance dates.** **NOTE: Any cast member who has multiple unscheduled absences may be recast, at any time, at the discretion of the Production team / HCMT Board.**

\_\_\_\_\_

- By accepting a role in a show, you commit to:
1. paying HCMT dues (unless already paid) and
  2. participating in production work (set building, painting, etc.)

Sign your name if you agree to the above (parents, please sign if actor is under 18):

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If you are filling out this form online, save the form then bring to audition with you.**

**Name:** \_\_\_\_\_

List your performance experience below, or provide a resume.

Role	Show	Company

**Formal Training**

	Style(s)	Years of Experience	School/Studio
Acting			
Dance			
Voice			
Other: (including applicable degrees received)			

Other special talents? (juggling, baton, acrobatics, etc.)

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Please do not write below this line:

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<b>Role:</b>	
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