



Paper Clip Photo Here  
(Make sure your name is on the back of the photo)

UpStage Players ACTOR Registration Information *Frozen Jr.*

PLEASE PRINT ALL INFORMATION Legibly!

Role Awarded: \_\_\_\_\_

Name \_\_\_\_\_ Date you are auditioning \_\_\_\_\_  
(As it will appear in the program book.)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

For Returning UpStagers: This will be my \_\_\_\_ year in UpStage. Age \_\_\_\_ Birthdate \_\_\_\_\_

Home Phone Number (Include area code) \_\_\_\_\_

Your Cell Phone Number (Include area code) \_\_\_\_\_

Your Email Address Print Neatly \_\_\_\_\_

All Parent and Guardian First and Last Names  
\_\_\_\_\_

Parent Home Number (Include area code) \_\_\_\_\_

Parent Cell Phone Number (Include area code) \_\_\_\_\_

Parent number to best be reached during a Saturday Rehearsal?

(Include area code) \_\_\_\_\_

Parent Email Address \_\_\_\_\_

Height \_\_\_\_\_

Which roles would you like to be considered for? \_\_\_\_\_  
First Choice      Second Choice      Third Choice

(See list posted on line or in the lobby.) Would you accept another role? Yes      No (please circle one)

Considering our no-cut policy, would you accept a chorus/ensemble role? Yes      No (please circle one)

Would you consider an understudy role in addition to a role? Yes      No (please circle one)

What song have you prepared for your audition today? \_\_\_\_\_

What play is it from? \_\_\_\_\_

Why did you choose this particular piece? \_\_\_\_\_

**Tell us about your previous experience. Continue on back if necessary.**

Previous Acting Experience: List any experience on stage related such as dance recitals, holiday pageants.

Role	Show	Theatre	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Previous Crew Experience: List any experience back stage.

Role	Show	Theatre	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any Acting/Dance/Band/Vocal/Stage craft classes: Continue on back if necessary.

Class What did it entail? Where (Name of theater) When (General date, ex.spring '16)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Circle the best answer.**

Can you dance? Very Well      Good      Fair      Not at all      Will try to learn

Can you sing?      Very Well      Good      Fair      Not at all      Will try to learn

Are you organized?      Very Well      Good      Fair      Not at all      Will try to learn

Would you consider yourself on time? Always Most often Sometimes Usually running a little late

Do you Leadership Experience? If so, explain. \_\_\_\_\_

Do you have a friend in the show that you are relying on rides from? If so, whom? \_\_\_\_\_

Anything else you would like to share with us?

\_\_\_\_\_

\_\_\_\_\_

**Please tell us about your life outside the theatre:**

**Tech Week is Mandatory: March 10-March 18, 2020**  
**Performances: March 19-22, 2020**

Specific Potential Rehearsal Conflicts? Include dates, tournaments, vacations, sports, etc.

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**Conflicts: During a typical week what does your schedule look like?**

**Tuesday 6-8:15** \_\_\_\_\_

**Thursday 6-8:15** \_\_\_\_\_

**Saturday 10-2** \_\_\_\_\_

Why do you feel that you are the best person for the role you would like to be considered for?

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Where did you pick up your audition flyer? How did you find out about UpStage Players?

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I understand that no refunds will be issued for the registration fee today as well as in the future for tickets, makeup, ad, t-shirt etc. I understand that if I leave the production before the show is completed or if I am excused from my role before the show is completed I will not receive any refunds and I will not receive a cast t-shirt. I understand that I am responsible for my belongings and UpStage Players is no way responsible if any item gets lost or stolen. I understand that if I do not fulfill my responsibilities, including not attending rehearsal, I will be asked to leave the cast/crew.

**I understand that a parent or guardian must attend a mandatory parent meeting on Thursday, Jan. 9, from 7-8:00 pm or my child will not be able to participate in the production.**

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## School Information Form:

Name of Participant \_\_\_\_\_

Name of School \_\_\_\_\_

School Address \_\_\_\_\_

\_\_\_\_\_

Name of Principal \_\_\_\_\_

Email to Principal/School \_\_\_\_\_