AUDITION FORM Into the Woods Jr.

Audition #	
# entered by AAT	I staff

Performer Name:	Performer Age:	
Height: Ha	ir Color: Eye Color:	
Daront/Cuardian Namo(a)		
Cell Phone #:	Other Phone #:	
	other mone	
Home Address:		
Audition Song:		
	to audition for <i>(circle all that apply):</i> DANCING TUMBLING/STUNTS	
Would you accept an Ensemb	ole role? <i>(circle)</i> YES NO	
Do you play an instrument? (a List instruments and level of	circle): YES NO experience (beginner, intermediate or advanced):	
	ecent productions:	
Special Skills (list any special ta	lents that may benefit this production):	
INTO THE WOODS JR. Rehea		
Read through of script: Mon.	• • •	
	nys & Tuesdays (6:45pm) and Sundays (1pm).	
Occasional Fridays (4pm), starting 3/23.		
<u>Tech/Dress rehearsals</u> (required): June 12-15 (weekend afternoons & weeknights) <u>Performances</u> : June 16-20		
	o attend every rehearsal. Some rehearsals may be held on Zoom.	
CONFIGER 1:-+ ALL C Gi-+	- :	
will try and work around your c	s in detail. List dates & full time frames for each conflict. We conflicts as much as possible, but you must list ALL conflicts s with performance dates will not be permitted.	
List Conflicts (dates/times) he If you need more space, use the back of	ere, for rehearsal schedule listed above. March 22 - June 20. f this page:	

EMERGENCY CONTACT:

Name:		Relationship	
Cell #:	Home Phone #: _	Relationship Work #:	
VAIVER AND RELEASE			
staff to call a person list recognize the risks of it articipating in the AN agreement and unders LONGSHADOW RANCI (liabilities, expenses, justilities) a collectively "claims") a finstructional program participation in any evand LONGSHADOW RANCI (liabilities) and LONGSHADOW RANCI (liabilities) a	sted above, and an a injury inherent in ar ID ALL THAT JAZZ! Istanding that I am well WINERY and all teadgments, including arising out of particity, performances, and the ANCH WINERY for a oindemnify and hole	e my permission to AND ALL THAT JAZZ! mbulance, in the event of an emergency. I by theatre or dance exercise program. Program is dependent upon the express aiving and releasing AND ALL THAT JAZZ!, aching staff from any and all claims, costs, attorney fees and court costs, (herein pation in AND ALL THAT JAZZ! auditions, d/or rehearsals, and any and all en or sponsored by AND ALL THAT JAZZ! my illness or injury resulting from. I d harmless AND ALL THAT JAZZ! and against any and all such claims.	
		[AZZ! to use any photos or videography ng performances for promotional or other	
the same household do otherwise) including b stomach ache, tirednes have not had recent ex	o not have any sympout not limited to few ss. I also acknowled sposure to COVID-19 ID ALL THAT JAZZ! a	g, parent/guardian and all others living in stoms of illness (for COVID-19 or ver, sore throat, cough, body aches, ge that all individuals in my household or potential exposure. I agree to practice and wear a mask or face shield at all times utdoors at the studio.	
Parent Signature		Date	