



Audition form

Name _____ and Email _____

Best Phone Number to reach you _____ Age, if under 18 _____

Address _____

City _____ State _____ Zip _____

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? Y N

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

Vocal Range (low to high) _____ Do you read music? Yes No

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

Anyone cast in an HCMT production is obligated to assist with a minimum of 4 hours in some area of production. Please check off areas of experience 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"/>	Hair / Makeup	<input type="checkbox"/>	<input type="checkbox"/>
Light Hanging	<input type="checkbox"/>	<input type="checkbox"/>	Costumes	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____		

Rehearsals take place 2-3 nights per week (depending on cast availability), and may begin as early as 7PM. Please list below any commitments (vacation, business travel, family events, etc.) between now and the end of the run of the show. **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, you agree to:

- (1) pay HCMT dues (unless already paid), and
- (2) participate in a minimum of 4 hours of 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.)

EMERGENCY CONTACT INFO:

Who to call: _____ Phone #: _____

ALLERGIES / MEDICAL CONDITIONS we should know about:

Please do not write below this line:

Role:	
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