



## Falls Patio Players Audition Form – Shrek The Musical Jr. 2019

Audition # \_\_\_\_\_

Name \_\_\_\_\_

Age: \_\_\_\_\_

Height: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_

Email: \_\_\_\_\_

Check if we may share your address and contact information with other cast members for carpool planning.

List specific role(s) you are interested in: \_\_\_\_\_

Will you accept another role or placement in the Ensemble? \_\_\_\_\_

Vocal Range: Soprano / Alto / Tenor / Bass / Unsure

Check if you have a family member interested in crew/set construction

Check if you would like to be added to Patio's Email List

Please tell us how you learned about the audition: \_\_\_\_\_

List ALL rehearsal conflicts September 3 – October 24, 2019:

Please list previous experience (show, date, role, company, director) and any formal training (such as dance, voice, acting – type, years, instructor, school). Continue on the back, if necessary.

Audition# \_\_\_\_\_

Name \_\_\_\_\_

Please acknowledge the following by providing a signature below:

Cast Members will be required to join the Fall Patio Players. Our annual membership fee is \$10.00 per individual or \$20.00 per family.

Cast Members will also be required to pay an Activity Fee of \$30.00.

Permission is granted to Falls Patio Players to use my/my child's image in photos and videos to promote the organization. (Strike if permission is denied)

Permission is granted to Falls Patio Players to record my/my child's audition for internal use only. (Strike if permission is denied)

I understand that I (or my child) have requested to participate in a program sponsored by the Falls Patio Players, Inc. I further understand that with my/our acceptance and participation there is some inherent risk, and I assume full responsibility for any injuries incurred by me/ my child while participating in this program.

Participant's Name: \_\_\_\_\_

Signature of Participant or Consenting Adult: \_\_\_\_\_

Date: \_\_\_\_\_