



## Falls Patio Players Audition Form – Christmas Carol 2022

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

Age: \_\_\_\_\_ or  Over 18      Height: \_\_\_\_\_

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

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

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

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

Parent's Email (if under 18): \_\_\_\_\_

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 / Baritone / Bass / Unsure

Check if interested in helping with crew/ set construction when not scheduled for rehearsal

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: \_\_\_\_\_

Check if you are a member of the FPP Roald Dahl's Matilda the Musical JR Cast

List ALL rehearsal conflicts October 17 – December 1, 2022 (please include weekends):

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

Name \_\_\_\_\_

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

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.

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)

**Christmas Carol School Show performances will run all day on Friday, December 2<sup>nd</sup>, 2022. All cast members are expected to be available for all performances.**

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 illness or injuries incurred by me/ my child while participating in this program. I understand and agree that I/my child may be required to wear a mask or face covering for all rehearsals up until tech.

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

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

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