



Falls Patio Players Audition Form – Joseph and the Amazing Technicolor Dreamcoat

Audition # _____ Name _____

Preferred Pronouns: _____

Age: _____ or [] Over 18 Height: _____

Address: _____

City, State, Zip: _____

Phone #: _____

Email: _____

Parent's Email (if under 18): _____

List specific role(s) you are interested in: _____

Will you accept another role or placement in the Ensemble? _____

Level at which you rate your tap dancing skills: NONE, BASIC, INTERMEDIATE, ADVANCED

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: _____

List ALL rehearsal conflicts February 27 through April 20, 2023 (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 Falls Patio Players. Our annual membership fee is \$10.00 per individual or \$20.00 per family and is valid for the entire 2022-2023 season.

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)

Joseph and the Amazing Technicolor Dreamcoat performances are April 21, 22, 23, 28, 29 and 30, 2023. Fridays and Saturdays at 7:30, Sundays at 2:00.

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 the production staff reserves the right to require a facial mask at rehearsals if respiratory virus transmission threatens the success of the production.

Participant's Name: _____

Signature of Participant or Consenting Adult: _____

Date: _____