

Photo # _____



Vocal
 Script
 Dance
 Registration
 Official Use Only

Audition Form

Show Name: *CHITTY CHITTY BANG BANG*

Director: David Hill

Producer: Shirley Busbice

Show Dates: July 12-13, July 19-20 – 7:30 pm, July 14 & 21 at 2:30 pm (Fri thru Sun – 2 weekends)

Name: _____ Phone (cell) _____

Email: _____ Text: Yes No

Pants Size: _____ Shirt Size: _____ Dress Size: _____

Current Age: _____ If attending school, what grade? _____

Previous Experience (Recent): _____

Play an instrument? Yes No If so, what? _____ How long _____

Parts you are auditioning for: _____

Below is a list of crew positions. Check any that you are willing to help with

<input type="checkbox"/> Costumes	<input type="checkbox"/> Stage Decorating	<input type="checkbox"/> Ushering	<input type="checkbox"/> Set Construction
<input type="checkbox"/> Make Up	<input type="checkbox"/> Box Office	<input type="checkbox"/> Props	<input type="checkbox"/> Hair
<input type="checkbox"/> House Manager	<input type="checkbox"/> Sound	<input type="checkbox"/> Marketing	<input type="checkbox"/> Lighting
<input type="checkbox"/> Hospitality			

Rehearsal Schedule & Work Days are included on the calendar attached. Please review your calendar & write down any known conflicts you may have with the rehearsal calendar:

Casting will be announced on Center Stages Social Media sites as soon as casting is finished. Selected cast will be required to complete a background check per Center Procedures within 2 weeks of being cast. (www.bfac.org)

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By signing below, you confirm that you have examined the production calendar and understand the commitment that you are making to attend rehearsals, performance, and other assigned work sessions, and that the information and assertions you are making with regard to your conflicts and willingness to participate are true and accurate to the best of your knowledge.

Printed Name: _____

Signature: _____ Date: _____

PHOTOGRAPHY & INFORMATION RELEASE

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I am 18 + years of age: YES NO

Printed Name: _____

Signature: _____ Date: _____