

Guildlings Audition Form

Audition Number: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Cell _____ Home: _____ Work: _____

Age: 5-13 years _____ 14-18 years of age: _____

I (Guardian) certify that I (Actor) am of this age group: _____

Are you a member of the Players Guild of Dearborn? Yes ___ No ___

Please note: If you are not a member your parent or legal guardian will be required to become a member.

A completed membership application and your membership dues (which will include your annual dues and a one-time initiation fee) are to be turned in at your first rehearsal.

Are you currently involved in any other production? Yes _____ No _____

If yes, please list all conflicts associated with that production on the conflict calendar.

How did you learn of these auditions?

Players Guild website ___ Players Guild program ___

Players Guild member ___ Social Media (Facebook, Twitter, Instagram, etc...) ___

Other (please specify) _____

Time constraints may limit the number of roles you can read. Please list the two roles you want to read for most:

If you are auditioning with a friend or family member, will you accept a part if they are not cast? Yes ___ No ___

Please list any information about this casting, you feel we should know:

Are you ONLY interested in a lead role? Yes ___ No ___ (Please specify lead roles you will accept below)

Will you accept a supporting role? Yes ___ No ___ (*Please specify supporting roles you will accept below*)

FOR MUSICALS ONLY: Will you accept a role in the chorus? Yes ___ No _____

THEATER EXPERIENCE: (*If you prefer, please attach a resume.*)

Name of Production Role: **Theater Name** **Year**

If you are not cast in this production, but would like to work on a production committee, please indicate which committee(s) you would be interested in working on by circling them.

Costumes
Properties
Ushering Publicity

Lights & Sound
Set Construction Set Painting
50/50 Intermission

Programs
Stage Crew
Makeup