

(Staple Here) 5 x 7 PHOTO

**Audition Information:**

**ShoeString Community Players**

**Audition Form**

(Be Kind to the Environment and Please Print Double Sided.)



www.sscpmusicals.com

SSCP MEMBER  Yes  No

FULL NAME			DATE
ADDRESS		CITY	STATE ZIP
PHONE	CELL	EMAIL	
IF UNDER 18 PARENT'S NAME OR CONTACT IN CASE OF EMERGENCY			
PHONE	CELL	EMAIL	



Please mark any life threatening or preexisting medical conditions that SSCP should know about in case of emergency:

- Asthma  Allergies  Convulsions  Heart Disease  High Blood Pressure  Diabetes  Leukemia  
 Cancer  Hemophilia  Convulsions  Stroke  Stage Fright  Other \_\_\_\_\_

Explain:

SEX: M or F (circle one)                      AGE \_\_\_\_\_                      HEIGHT \_\_\_\_\_                      HAT SIZE \_\_\_\_\_

SHIRT SIZE \_\_\_\_\_                      PANT SIZE \_\_\_\_\_                      SHOE SIZE \_\_\_\_\_                      DRESS SIZE \_\_\_\_\_

**VOICE TYPE (circle one)**

**Soprano, Mezzo, Alto, Tenor Baritone, Bass, or Unknown.**

**Are you willing to be casted in the chorus only?**

Yes  No

**Previous Acting / Dancing / Singing / Theater Experience and Formal Training — Please check all that apply**

Resume Attached

List Theater Experience:

Date / Year	Play/Show Name	Role	Organization/School	Director

Formal Training:

Type	Years	Instructor	Organization/School

Special Talents? Please specify on back of form if not on resume (e.g. gymnastics, juggling, play an instrument, or magic).

\_\_\_\_\_ Part/s interested in? \_\_\_\_\_

\_\_\_\_\_ List any parts/roles that you do **NOT** want? \_\_\_\_\_

\_\_\_\_\_

In the event that you don't get a part, would you still be interested in remaining involved with the production in any of the following areas? (Please check all that interest you).

- Stage Manager       Lighting       Set Construction       Costumes       Advertising/Publicity  
 Stage Crew       Sound       Make-up       Ushering       Tickets / Concessions



PLEASE LIST ALL CONFLICTS YOU HAVE BETWEEN NOW AND THE PERFORMANCE DATES AND WHETHER THEY ARE FLEXIBLE OR NOT (*rehearsal schedule will be provided at auditions*):

## ShoeString Community Player's Performer's Contract

### Participant Rehearsal and Performance Agreement

By signing below, I hereby acknowledge that I fully understand the attached **terms and conditions** in relation to being involved in a musical/drama production with **ShoeString Community Players**.

\_\_\_\_\_  
PARTICIPANTS SIGNATURE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

By signing below, I hereby acknowledge that I as the parent fully understand the attached *Actor's Contract terms and conditions* in relation of my child being involved in a musical/drama production with **ShoeString Community Players**.

**In case of emergency**, I understand every effort will be made to contact me. In the event, I cannot be reached, I hereby give my permission to the physician select by the SSCP representative in charge to secure proper treatment which may include hospitalization, anesthesia, surgery, or injections of medication for my child.

\_\_\_\_\_  
IF PARTICIPANT IS UNDER 18, REQUIRES PARENT'S / GARDIANS SIGNATURE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

DIRECTOR'S COMMENTS \_\_\_\_\_

SPECIAL \_\_\_\_\_

**Director's Use Only**

① ②

① ②

A

③ ④

③ ④

Y

1

2

3

4

5

① ②

① ②

① ②

③ ④

③ ④

③ ④

ROLE GIVEN \_\_\_\_\_

SSCP MEMBER  Yes  No

*This original document will remain with ShoeString Community Players, documenting the participant's agreement of the terms and conditions.*

## **ShoeString Community Players**

### *Original Performer's Contract*

#### *Participant Rehearsal and Performance Agreement*

By signing below, I hereby acknowledge that I fully understand the following **terms and conditions** in relation to being involved in a musical/drama production with ShoeString Community Players.

1. I agree that it is my responsibility to know when and where rehearsals will take place. I have been given a rehearsal schedule and have fully looked it over and noted any possible conflicts on this audition form.
2. I will bring the script, notebook, calendar, personal planner, pencils, and proper shoes and rehearsal clothing to each rehearsal.
3. I understand that as a cast member I must make every possible effort to attend all rehearsals that I have been assigned to attend.
4. I will arrive 15 minutes early for all scheduled rehearsals and will remain at rehearsals until the rehearsal is completed or I am excused.
5. If I must miss a rehearsal and I am aware of it beforehand, I will give the director a signed note on a piece of 8 1/2 X 11 paper and will wait to see if it is an excused or unexcused missed rehearsal.
6. If I miss a rehearsal due to immediate illness or unforeseen circumstances, either I or my parent /guardian/significant other will call the director and leave a message, if necessary, detailing the reason for the absence.
7. I am aware that there is a difference between excused and unexcused absences and that a total of two or more unexcused absences may result in me being asked to drop from the cast.
8. I understand that director and any other assistant directors are the sole authorities as to what constitutes an excused or unexcused absence and the director thoughtfully considers each case individually.
9. I understand that I am expected to show up to rehearsals and performances on time and that a series of tardiness may affect the my involvement in the show by either being asked to take a smaller, less demanding role, or by being asked to drop from the cast. This includes not being in close proximity to the rehearsal area at the time I am needed on stage.
10. I, as a cast member, will respect all persons involved in this production from the directors to the crew members, and follow the golden rule. I will promote and foster a professional attitude: dedicated, productive, positive, safe, pleasant, creative, and collaborative.
11. I agree to be off-book with lines memorized for the second called rehearsal of a given scene. I may call "line" for a reasonable period of time after the second called rehearsal of the scene.
12. While at rehearsal I agree to focus my attention on the rehearsal process and will not make cell phone calls, texting, social networking, or any other such activities that may distract others or me from the purpose of rehearsal.
13. I will not cut my hair or beard, change hairstyles or colors, or, in general, change my appearance in any way, unless explicitly instructed to do so by the Director or Costume Designer.
14. I agree that I will not invite guests to rehearsals without express, prior approval of the director.
15. I agree to assist with the production in any capacity, including but not limited to, working on the set, helping in the costume shop, assisting the Box Office with publicity & marketing, etc.
16. I will participate in the strike of the show.
17. I understand that I must supply my own makeup and undergarments.
18. **The week of rehearsal (tech/dress week) is MANDATORY. No time during this week may be missed AT ALL. All cast members must be present for every moment of every rehearsal.**

---

PARTICIPANTS SIGNATURE

---

/ /  
DATE

**In case of emergency**, I understand every effort will be made to contact me. In the event, I cannot be reached, I hereby give my permission to the physician select by the SSCP representative in charge to secure proper treatment which may include hospitalization, anesthesia, surgery, or injections of medication for my child.

By signing below, I hereby acknowledge that I as the parent fully understand the attached **terms and conditions** in relation of my child being involved in a musical/drama production with **ShoeString Community Players**.

---

IF PARTICIPANT IS UNDER 18 REQUIRES PARENT'S / GARDIANS SIGNATURE

---

/ /  
DATE

*Intentionally Left Blank*  
**(Be Kind to the Environment and Please Print Double Sided.)**