



AUDITION # _____
(Leave Blank. Staff will fill in)

Please print legibly. PREFERRED PRONOUNS _____

NAME: _____ GENDER _____ **AGE: _____

ADDRESS: _____ BEST PHONE: _____

CITY/STATE/ZIP: _____ SECOND BEST PHONE: _____

EMAIL: (this is how we contact you during rehearsal period): _____

EXPERIENCE: (Please list any singing, theatrical or dance experience such as “voice or dance lessons for 5 years.” If you have been cast with us in the past year, you should only include experience received AFTER the last performance.) You may use the back of this page for anything additional. You may attach a resume instead.

ARE YOU AUDITIONING FOR A SPECIFIC ROLE AND IF YES, WHAT? _____

IF YOU ARE NOT CAST IN THIS ROLE, WILL YOU ACCEPT AN ENSEMBLE ROLE? _____ YES _____ NO

IF YOU ARE NOT CAST IN THIS ROLE, WILL YOU ACCEPT A CHOIR ROLE? _____ YES _____ NO

WHAT SONG(S) WILL YOU SING DURING YOUR AUDITION? _____

CONFLICTS ARE VERY IMPORTANT TO US IN CASTING. **PLEASE READ THE CONFLICT POLICY AND PERFORMER CONTRACT AND RETURN IT TO US SIGNED WITH THIS FORM.** OUR REHEARSALS WILL BE AT NIGHT TYPICALLY FROM 7-10 PM WEEKNIGHTS (***POSSIBLY TO INCLUDE SOME PART OF THE SUMMER and IN THE FALL SOME WEEKENDS.***) . **NO CONFLICTS ARE ALLOWED DURING PRODUCTION WEEK AND THE WEEK BEFORE THROUGH PERFORMANCES WHICH IS Sunday, 9/22/2024- Sunday, 10/6/2024.** Please speak with the director if this is a problem. THIS SHOW WILL BE PERFORMED AT 7PM 9/26, 7:30PM ON 10/3. 8PM on 10/4 & 10/5. 3:00 PM on 10/6.

SPECIAL PERFORMANCES / EVENTS: The principals may be asked to perform at marketing and other special events to promote the show. EVERYONE is required to help with loading the set into the theater and load out after the final performance.

We reserve the right to remove you from the cast if your conflicts are not disclosed ahead of time. If you LIST YOUR MANDATORY CONFLICTS HERE or WRITE NONE if you have no conflicts.

Please sign below that you have read and understand the above conflict and rehearsal information.

Signature: _____

** Parent/Guardian Signature for Under 18: _____

The Augusta Players thanks you for auditioning. We are a non-profit community theatre and depend on our volunteers. Please check any areas of interest if you or a family member would be interested in joining our group as a volunteer whether or not you are cast.

VOLUNTEER JOBS (Please check all that you would be interested in)

- | | | | |
|---------------------------------|---------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Props | <input type="checkbox"/> Set Building | <input type="checkbox"/> Costumes (sewing) | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Makeup | <input type="checkbox"/> Box Office | <input type="checkbox"/> Set Crew | <input type="checkbox"/> Load in/out |

If you have experience in any of these roles, please give a brief description:

The Augusta Players Performer Contract: 2023-2024

The Augusta Players is an award-winning community of volunteers and professionals, part of whose mission is to produce the highest-quality theatrical productions. It is only through the professionalism and dedication of our family of volunteers that we are successful. Thank you for being a valued part of our organization!

Schedule Conflicts

To ensure a professional production and to serve our ticket-buying audiences, we ask you make this rehearsal and performances a priority. Production timelines are usually a 6-7 week commitment. Because of the fast production time, it is very difficult to work on items missed because of absences. Therefore, The Augusta Players asks you to adhere to the following policy for conflicts:

1. Conflicts should be limited to school or work activities. Other types of conflicts and/or excessive conflicts will require director approval prior to final casting.
2. No conflicts will be allowed the two weeks prior to show opening. Zero conflicts will be allowed during the performances of the show.
3. Misusing the conflict requirements may result in a) dismissal from the show, b) removal from scenes, c) replacement in scenes. These results are at the discretion of the director.

Initial

Media

To promote The Augusta Players, performances, and programs, we ask allowance to record, photograph, and/or video you for use in various publications. Therefore, I grant The Augusta Players permission to use my likeness in a photograph, video or digital or other medium in any and all of its publications or promotions. This may include but is not limited to the website, program, promotional materials, commercials, billboards, and social media. I understand my likeness will be used and I will not receive payment or any other consideration.

Initial

Waiver of Liability

I release and hold harmless The Augusta Players from any and all claims, costs, suits, actions, judgments or expenses upon any damage, loss or injury to me or to my property which may arise from this volunteer commitment. I acknowledge that I am fully aware of any and all risks posed and that I have no medical condition that prevents me from participating.

Initial

In signing below, I acknowledge that I have read, understood, and agree to the Schedule Conflicts and Media policies and the Waiver of Liability.

Name: _____

Date: _____

Signature: _____