

2021 'Twas the Night Before Christmas...'' Audition Form

Please Print Clearly

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

HOME PHONE: _____

CELL or BUSINESS PHONE: _____

E-MAIL: _____

AGE _____ HEIGHT _____ WEIGHT _____ HAIR COLOR _____ EYE COLOR _____

PREVIOUS EXPERIENCE

Please attach resume with photo and include any training you may have had in the following areas: ACTING, VOCAL, DANCE, SPECIAL TALENTS

What role are you interested in?

Will you take ensemble Yes / No

Are you in another play at this time? Yes / No **If yes, what play?**

I (or my child) hereby agree to participate in this production and will assist in it. I understand that I (or my child) will be around set pieces and equipment and will not hold the Kelsey Theatre or Mercer County Community College (MCCC) liable for any mishaps that may occur during rehearsals or performances. I understand that I (or my child) will be expected to attend all rehearsals except those noted on this form and I will submit any conflicts to the Stage Manager, in writing, in advance of any absence. I also authorize MCCC and Kelsey Theatre to photograph me (or my child) and to publish information related to the performance, including name and hometown (not street address). Photos may be published and distributed without remuneration to me in whole or in part for promotional purposes, for print or computer, or other medium as deemed appropriate by MCCC. I understand that I (or my child) may be contacted by the press for an interview.

I understand that even though we are taking steps to minimize exposure, there is an inherent risk of exposure to COVID-19 which exists in any public place where people are present. By being cast (or my child being cast) assume all risks related to exposure to COVID-19.

If cast I will provide proof of vaccination from COVID-19 for myself (and any of my children who are cast). If not vaccinated, I acknowledge that I will need to undergo bi-weekly COVID-19 testing and provide the Stage Manager proof of negative COVID test.

Signature _____

Date _____

USE CALENDAR on back of this form to indicate the days and time span when you have rehearsal conflicts.

REHEARSAL SCHEDULE will be set once the show is cast and conflicts are examined. Rehearsals may be any day of the week. We will try to work around conflicts which are stated at the **START** of rehearsals.

Once you are cast and the dates are set, you are obligated to those times and dates.

CONFLICTS:

PLEASE LIST REGULARLY SCHEDULED CONFLICTS & SPECIFIC DATES/TIMES YOU CAN NOT BE AT REHEARSALS *(Ex. Tuesdays Dance Class 6-8pm tells us that you would not be able to come to rehearsal until 8pm).*

MUST BE AVAILABLE DECEMBER 5 - DECEMBER 12 WITHOUT CONFLICTS *(see information below):*

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Oct. 11	Oct. 12	Oct. 13	Oct. 14	Oct. 15	Oct. 16	Oct. 17
Oct. 18	Oct. 19	Oct. 20	Oct. 21	Oct. 22	Oct. 23	Oct. 24
Oct. 25	Oct. 26	Oct. 27	Oct. 28	Oct. 29	Oct. 30	Oct. 31 **HALLOWEEN
Nov. 1	Nov. 2	Nov. 3	Nov. 4	Nov. 5	Nov. 6	Nov. 7
Nov. 8	Nov. 9	Nov. 10	Nov. 11	Nov. 12	Nov. 13	Nov. 14
Nov. 15	Nov. 16	Nov. 17	Nov. 18	Nov. 19	Nov. 20	Nov. 21
Nov. 22	Nov. 23	Nov. 24	Nov. 25 **THANKSGIVING	Nov. 26	Nov. 27	Nov. 28
Nov. 29	Nov. 30	Dec. 1	Dec. 2	Dec. 3	Dec. 4	Dec. 5 **LOAD-IN
Dec. 6 **TECH	Dec. 7 **TECH	Dec. 8 **TECH	Dec. 9 **INVITED DRESS	Dec. 10 ** SHOW 7p	Dec. 11 ** SHOWS 1p/4p	Dec. 12 ** SHOWS 1p/4p **LOAD-OUT
Dec. 13	Dec. 14	Dec. 15	Dec. 16	Dec. 17	Dec. 18	Dec. 19