

[PHOTO]

Vienna Theatre Company Audition Form
The Musical Comedy Murders of 1940 – Spring 2020

Name: _____

Address: _____

Phone: Home: _____ Work: _____

Cell: _____ Prefer (circle one): H W C

Email: _____

PLEASE WRITE LEGIBLY

Role(s) for which you are auditioning? (list in order of preference or specify "no preference")

If you are unwilling to accept any other role, please initial: _____

If you are willing to change your hair style or grow/shave facial hair, please initial: _____

If you will be performing or involved in any other production during this show, please explain: _____

THEATRE EXPERIENCE (If you have a resume, please attach instead):

CONFLICTS: Please circle all days on which you CANNOT attend rehearsal. See the calendar on the back of this form. Please make every effort to honestly list all your known conflicts at this time.

OTHER CONSIDERATIONS

Age Range _____

How did you hear about auditions? _____

If not cast, would you be interested in helping with (please check):

_____ Set Construction _____ Costumes _____ Light hanging/focus
 _____ Graphics/Publicity _____ Stage Crew _____ Set Painting _____ Usher

In consideration of the rights granted Vienna Theatre Company (VTC) allowing the undersigned to participate in any VTC activity, the undersigned releases and discharges VTC and its officers and agents, along with the Town of Vienna, from any and all liability of any nature rising from damage and/or injury which may be sustained by the undersigned in consequence of or in any relating participation in any and all rehearsals or productions and all other VTC activities at any time during the undersigned affiliation with VTC. I give VTC my permission to use my image for publicity and promotional purposes even if I am not cast in this show. I agree to wear the costumes, makeup and hair designed for me. Actor may need to provide own footwear if VTC does not have appropriate footwear in its costume stock. I further agree to **participate in set construction, load in and strike**, to the extent of my physical capabilities. And I agree to have my name and email address added to the VTC mailing list for notification about future productions.

Signature: _____ Date: _____

Circle the dates you are NOT available between. Bolded dates are performances.

Additional explanation, if necessary:

February						
SU	MO	TU	WE	TH	FR	SA
	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

March						
SU	MO	TU	WE	TH	FR	SA
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April						
SU	MO	TU	WE	TH	FR	SA
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

May						
SU	MO	TU	WE	TH	FR	SA
				1	2	3
4						