

Audition # \_\_\_\_\_



Turn in this form with a **CURRENT PHOTO** at AUDITIONS.

## 13 ACTOR AUDITION FORM

Name \_\_\_\_\_ ☐ Male ☐ Female  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Height \_\_\_\_\_ ft. \_\_\_\_\_ in. Hair Color \_\_\_\_\_

Vocal Part: ☐ Bass ☐ Baritone ☐ Tenor ☐ Alto ☐ Soprano

List ALL commitments that might interfere with rehearsals and performances – OR attach conflict calendar.  
Give SPECIFIC DATES and TIMES. No absences are allowed from Move-In through the run of the show.  
Conflicts reported after casting may result in dismissal from the show.

I would like to be considered for: 1<sup>st</sup> choice: \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_ 3rd Choice \_\_\_\_\_

Would you accept another role other than choice? ☐ Yes (specify) \_\_\_\_\_ ☐ No

List the shows you have been in: \_\_\_\_\_

Dance Training: (Please list styles and # of years) \_\_\_\_\_

Audition Song: \_\_\_\_\_

----- (Please DO NOT write below this line) -----

Director's Comments:

# AMERICAN ROSE THEATRE



## ACTOR INFORMATION

LAST NAME

Please fill out using a computer, or write **clearly** and legibly.

NAME

Last

First

Mi

For cast and crew members under 18 years of age.

SCHOOL

Grade/Year:

For cast and crew members under 18 years of age.

Mother's Name:

Phone 1

Email1

Phone 2

Father's Name:

Phone 1

Email1

Phone 2

### AUDITION INFORMATION for performers only

How did you hear about our program?

Name of last show you were in/  
Director or Company Name:

Experience is not a requirement, but if you have performed before, please tell us about it on the next page (or attach your resume).

#### Acting Training / Experience

#### Vocal Training / Experience

#### Dance Training / Experience

#### Special Talents / Abilities

Performer Signature:

DATE:

Parent Signature:

DATE:

# AMERICAN ROSE THEATRE



## PARTICIPANT CONTRACT

LAST NAME

(ACTORS, BAND, CREW)

### Attendance

- I agree to arrive at scheduled rehearsals on time, **ACTORS:** and in appropriate clothing and shoes. **MUSICIANS:** with music and instrument. **ALL CAST, CREW and BAND MEMBERS** agree to wear close-toed shoes when rehearsing in the theater spaces, and when around sets.
- **PARENTS:** I realize that if my minor child is chosen for the cast or band, I am responsible to make sure he/she attends every performance and every rehearsal for which he/she is scheduled. In case of illness, I will notify the Stage Manager in advance.
- I agree to attend all rehearsals for which I am scheduled. I understand that it is extremely important that every participant be at rehearsal when called. For the good of the show and out of respect for the actors and staff, the director must know my part is covered. Attendance is taken at each rehearsal. Unexcused absences may result in having my role in the production reduced, or in the case of extended absence, I may be dismissed from the production without a refund.
- I understand that arriving more than thirty minutes late, or leaving more than thirty minutes early, from a rehearsal constitutes an absence.
- I understand that I was asked to list ALL conflicts on my conflict sheet BEFORE my audition. If I am not present at any rehearsals during a time NOT on my conflict sheet, it will be considered an unexcused absence. **ACTORS:** If I have one unexcused absence and I am not already doublecast or have an understudy, I may be given an understudy. If I have two unexcused absences, I may be doublecast and may be susceptible to losing the opportunity to perform my designated part in one or more shows. **MUSICIANS:** If I have one unexcused absence, I may be placed on warning. If I have two unexcused absences, I may be replaced.
- If I miss a choreography rehearsal or if I have arrived too late (as determined by the choreographer), I am responsible to connect with the choreographer or dance captain to cover any missed material. If too much material has been missed, I understand that I may forfeit participation in that dance number, regardless of the excuse and regardless of prior notice.
- I will remain at rehearsals until the rehearsal is completed and I am excused. I understand that for my safety, if I am under age 18, I am not allowed to leave the rehearsal/theater premises without adult permission and supervision.
- I understand that work is not an excuse to miss a rehearsal.

### Behavior

- I will be respectful and courteous to the directors, the cast, band and crew members, and the volunteers.
- I will maintain a positive and cooperative attitude, and support and encourage my fellow performers. I will listen while others are being rehearsed or coached.
- I will be prepared for rehearsals with my script, music, a pencil, and water.
- I will have my lines and music memorized on due dates. I will practice outside of rehearsal.
- I understand that no food or drink, except water, is allowed on the dance/rehearsal floor or stage. There will be a designated place to eat snacks/meals.
- I will help clean up the rehearsal/performance hall and dressing rooms after rehearsal and performances.

I know that if the Director thinks I am not fulfilling my obligations, he/she will have a conference with me that could result in my removal from the show at any time. If this does happen, I understand his/her decision is final and no fees will be refunded. If I am under 18 my parents will be notified.

I HAVE READ AND UNDERSTAND THE CONDITIONS LISTED ABOVE AND AGREE TO ABIDE BY THEM.

Performer Signature: \_\_\_\_\_

DATE: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

DATE: \_\_\_\_\_

*(Parent or Guardian signature required If cast/crew member is under 18 at time of audition)*

# AMERICAN ROSE THEATRE



## PRODUCTION FEES

LAST NAME

ART fees go directly to pay the costs of producing our shows. ART Board Members are strictly volunteer, and receive no salary. Fees help cover the cost of licensing rights, rental spaces, technical and production staff, costuming, sets, etc.

| SHOW                                                                                                                      | FEES                                     | # of PERFORMERS | AMOUNT<br><small>Fee * # of performers</small> |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------|------------------------------------------------|
| <b>13 the Musical - Production Fee</b>                                                                                    | <b>\$ 290.00</b><br><i>per performer</i> |                 |                                                |
| <b>Script, Costume and Music (CD) Fee</b><br><i>Actors are responsible for their own shoes, undergarments and makeup.</i> | <b>\$ 25.00</b><br><i>per performer</i>  |                 |                                                |
| <b>TOTAL - Make checks payable to AMERICAN ROSE THEATRE</b>                                                               | <b>\$ 315.00</b>                         |                 |                                                |

### CASTING, REFUND AND ATTENDANCE POLICIES

- American Rose Theatre's acceptance of your registration is not a commitment to you being cast and performing in this production. American Rose Theatre can make no commitment regarding specific roles.
- If a performer is accepted into the program, all fees must be paid in full.
- If a performer is not accepted into the program, any fees paid will be refunded in full.
- Your commitment to ART is to participate in our production fully. Please, do not audition if you are not able, or committed to participating fully.
- It is extremely important that every performer be at rehearsal when called. For the good of the show and out of respect for the performers and staff, we must know that we have your part covered. Attendance will be taken at each rehearsal.
- We ask you to list ALL conflicts on your conflict sheet BEFORE auditioning. If you are not present at any rehearsal during a time NOT on the conflict sheet, it will be considered an unexcused absence. If you have one unexcused absence and do not have an understudy, you may be given an understudy. If you have two unexcused absences, you may be subject to losing the opportunity to perform the designated part in one or more shows.
- Arriving more than 30 minutes late or leaving early from rehearsal is considered an absence. No absences are allowed during Tech Week and Dress Rehearsal and Performance Dates.
- Cast members not meeting the obligations of their Performer's Contract may be removed from the show at any time with no fees refunded.

By signing and submitting this form I signify that I have read and understand the Casting, Refund and Attendance policies. I understand the guidelines and agree to abide by them.

Use one Production Fee Form for all actors in same family:

#### Performer 1

|                              |                    |               |
|------------------------------|--------------------|---------------|
| _____<br>Name (please print) | _____<br>Signature | _____<br>Date |
|------------------------------|--------------------|---------------|

#### Performer 2

|                              |                    |               |
|------------------------------|--------------------|---------------|
| _____<br>Name (please print) | _____<br>Signature | _____<br>Date |
|------------------------------|--------------------|---------------|

#### Performer 3

|                              |                    |               |
|------------------------------|--------------------|---------------|
| _____<br>Name (please print) | _____<br>Signature | _____<br>Date |
|------------------------------|--------------------|---------------|

#### Parent /Guardian

|                              |                    |               |
|------------------------------|--------------------|---------------|
| _____<br>Name (please print) | _____<br>Signature | _____<br>Date |
|------------------------------|--------------------|---------------|

(Parent or Guardian signature required If cast/crew member(s) is/are under 18

# AMERICAN ROSE THEATRE



## FAMILY VOLUNTEER FORM

LAST NAME

- I realize that if my minor child is chosen for the cast or band, I am responsible to make sure he/she attends every performance and every rehearsal for which he/she is scheduled. In case of illness, I will notify the Stage Manager in advance.
- I understand that one parent/guardian is required to attend a parent orientation meeting after casting, and any additional meetings that may be scheduled.
- Families of actors agree to volunteer 20 or more hours as part of a volunteer committee.
- Families of actors and musicians agree that at least one family member will volunteer during 3 shows in one of the following areas during the show performances: Ushering, Box Office, Green Room duties. Please indicate your order of preference (1 = most preferred)

VOLUNTEER OPPORTUNITIES – PLEASE INDICATE YOUR PREFERENCES IN EACH SECTION 1, 2 AND 3.

### 1 PARENTS OF ACTORS AND BAND MEMBERS

-- All families will help in one or more of the following areas during 3 performances. Please indicate your preference (1 = 1<sup>st</sup> choice, 2 = 2<sup>nd</sup> choice, etc)

☐ House / Box Office      ☐ Ushering      ☐ Greenroom / Backstage Volunteer

2 VOLUNTEER AREAS: FOR PARENTS OF ACTORS: Please indicate your volunteer preferences, numbered 1, 2, 3, etc. Choose at least 2.

☐ Rehearsal Volunteer

☐ Concessions

☐ Lobby Display

☐ Computer Support

☐ Load-In

☐ PR / Promotions

Help us promote the show – hand out flyers, hang posters around town.

☐ Wrap Party circle 1 or more

Offer your home or facility / organize party / other

☐ Props

☐ Make-up

☐ Photography (circle 1 or more)

Rehearsals / Show / Headshots

☐ Technical – sound

☐ Load-Out (Strike)

☐ Cast/Crew meals

Coordinate a meal for show days with 2 shows

☐ Media Connections

Do you work in media or have access to media to help us promote the show?

☐ Costumes

☐ Sets Building & Painting

Video

☐ Filming      ☐ Editing

☐ Technical – lights

☐ Program/Posters

☐ Water / ICE organize and collect cases of water for the cast and crew during production. Bring ice before every show for concessions.

☐ Other describe:

3 PARENTS OF ACTORS -- At ART, our primary concern is the safety of all participants. As part of our safety measures, it is ART's policy to have a minimum of 2 adult monitors present at each rehearsal. Each family will be asked to supervise during one (1) rehearsal of "13". Please mark days of the week you *prefer* to volunteer. We will ask you to monitor a rehearsal your child(ren) is(are) called to, and we will do our best to accommodate scheduling requests:

[Our **typical** rehearsal times are as follows. Please refer to the rehearsal schedule for actual times. Please use the comments section to indicate dates you would like to request AND/OR dates you can not be available.

☐ MONDAY  
6PM-10PM

☐ TUESDAY  
6PM-10PM

☐ WEDNESDAY  
6PM-10PM

☐ THURSDAY  
6PM-10PM

☐ FRIDAY  
6PM-10PM

☐ SATURDAY  
1PM-6PM

☐ SUNDAY  
6PM-10PM

☐ ANY  
DAY

COMMENTS:

By signing and submitting this form I signify that I have read and understand the Family Participation policies. I understand them and agree to abide by them.

Parent Signature: \_\_\_\_\_

DATE: \_\_\_\_\_

# AMERICAN ROSE THEATRE



## MEDICAL RELEASE

LAST NAME

**If Cast/Band/Crew Member is Under 18, please have parent/guardian fill this out:**

In the event an individual over 18 is injured and is unable to communicate, ART will try to reach the emergency contact listed below.

In the event a minor child under the age of 18 is injured or an emergency occurs, ART will make every effort to reach the parent. If the parent cannot be reached, ART will try to reach the emergency contact listed below.

If possible, ART will call the designated doctor or dentist. However, if deemed necessary because of the nature of the injury or emergency, ART will obtain treatment from the nearest hospital. Please sign below to give your permission to obtain medical assistance for yourself or your child as described above in the event of an injury or emergency.

Name of Cast Member \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age \_\_\_\_\_

Home Phone: \_\_\_\_\_ Day Phone \_\_\_\_\_ Cell/Pager # \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

**Please provide us with an additional emergency contact:** Provide the name of a friend or relative to be called:

Emergency Contact Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone 1 (best) \_\_\_\_\_ Phone 2 \_\_\_\_\_ Phone 3 \_\_\_\_\_

**If Cast/Crew Member is Under 18, please fill out the following:**

Mother's Name \_\_\_\_\_

Best phone \_\_\_\_\_ Phone 2 \_\_\_\_\_ Phone 3 \_\_\_\_\_  
to reach you at \_\_\_\_\_

Father's Name \_\_\_\_\_

Best phone \_\_\_\_\_ Phone 2 \_\_\_\_\_ Phone 3 \_\_\_\_\_  
to reach you at \_\_\_\_\_

Is there anything else you would like to tell us about yourself (or your child in the case of minors)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name (please print) \_\_\_\_\_

Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

(If cast/crew member is under age 18 at time of audition, a parent or guardian is required to sign this medical form)

# AMERICAN ROSE THEATRE



## RELEASE OF LIABILITY - MINOR

American Rose Theatre does its utmost to ensure the health and safety of its participants. Parents of minor children participating in ART productions are advised to be mindful of the fact that performance in (and rehearsing for) live theater has the potential for risk of danger (including, but not limited to, use of costumes, use of stage props, use of stage weapons such as blades or firearms, use of stage pyrotechnics, etc).

I, \_\_\_\_\_ acknowledge that my participation in this production is voluntary. I acknowledge that I have been advised of the potential dangers of performance in live theater. After deliberation, I elect to voluntarily participate in this production. I agree to exercise due care and diligence while participating in this production, and to heed all instructions given to me with regard to safety and procedure in the rehearsal spaces / performance venue and surrounding area. I agree to hold harmless (and waive any claim or action against) American Rose Theatre, its agents, owners, directors, board of directors, producers and staff from any liability, fault or action arising from participation in this production.

\_\_\_\_\_  
Company Member's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature of Minor

\_\_\_\_\_  
Date

## RELEASE OF LIABILITY - ADULT

American Rose Theatre does its utmost to ensure the health and safety of its participants. Adult participants and volunteers are advised to be mindful of the fact that performance in (and rehearsing for) live theater has the potential for risk of danger (including, but not limited to, use of costumes, use of stage props, use of stage weapons such as blades or firearms, use of stage pyrotechnics, etc).

I, \_\_\_\_\_ acknowledge that my participation in this production is voluntary. I acknowledge that I have been advised of the potential dangers of performance in live theater. After deliberation, I elect to voluntarily participate in this production. I agree to exercise due care and diligence while participating in this production, and to heed all instructions given to me with regard to safety and procedure in the rehearsal spaces / performance venue and surrounding area. I agree to hold harmless (and waive any claim or action against) American Rose Theatre, its agents, owners, directors, board of directors, producers and staff from any liability, fault or action arising from participation in this production.

\_\_\_\_\_  
Adult Participant's Signature

\_\_\_\_\_  
Date

## PHOTO/VIDEO RELEASE

I, \_\_\_\_\_, hereby grant American Rose Theatre permission to  
(Cast member name or parent/guardian name if cast member is under 18)

photograph, film, tape or record \_\_\_\_\_ as a participant in this ART production.  
(name of cast member)

I understand that American Rose Theatre may choose to photograph, film, tape or record the above-named participant for publicity, documentation, or ticket sales purposes, and that by signing this Photo Release form I give them full permission and waive all copyright and future considerations.

**Performer Signature:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

(If cast / crew member is under age 18 at time of audition, have a parent or guardian sign this waiver)