



FOR WWOB USE ONLY

Audition #: _____

Date: _____

Time: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL: _____

EMAIL: _____

AGE: _____ HEIGHT: _____ FEET, _____ INCHES HAIR COLOR: _____

IF AUDITIONER IS UNDER 18 YEARS OLD, A PARENT OR GUARDIAN MUST FILL OUT THE INFORMATION BELOW:

PARENT/GUARDIAN NAME: _____

ADDRESS (IF DIFFERENT THAN ABOVE): _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL: _____

EMAIL: _____

By signing below, I give my permission for my child to participate in the audition process.

TYPE PARENT/GUARDIAN NAME FOR ELECTRONIC SIGNATURE: _____

What production you are auditioning for? _____

Attendance during the production process is very important. Please review the provided tentative rehearsal and performance schedule and list any dates that you have conflicts in the area below (Conflicts during rehearsal schedule may be permitted in a few instances. In most circumstances, performance conflicts cannot be accommodated):

Have you ever sung in a chorus? YES ☐ NO ☐ Are you able to read music? YES ☐ NO ☐

What parts do you sing (bass, baritone, soprano, etc.)? _____

What role(s) you are auditioning for? _____

Will you accept any other role/chorus assignment if cast? YES ☐ NO ☐

If not cast in this production, are you interested in working on the backstage crew? YES ☐ NO ☐

Are you currently involved in another theatrical production in the area? YES ☐ NO ☐

Please list any classes or training you have had (voice lessons, dance classes, etc.):

Please use area below to list any productions you have been involved with in the past. Please include show title, role, location and year:

Please initial in the indicated space below acknowledging your understanding of the following:

____ I have reviewed and understand the proposed rehearsal and performance schedule for this production, and have provided to the best of my ability, any scheduling conflict that I am aware of. I also understand that any scheduling conflicts that I provide will be used for casting considerations.

____ I understand the content of the show and/or role I am auditioning for, which may include content that is intended for more mature audiences.

____ I understand that the information that I have submitted on this form will be used for casting considerations, including my willingness to accept roles that I am not auditioning for, ensemble/chorus roles, or backstage crew responsibilities.

____ I understand and consent to any photo, audio or video recording of my audition for internal use by the WWOB Production Team in the course of casting the show. Any photos or recordings will not be released publicly.

____ I understand that an inherent risk of exposure to COVID-19 exists in any public place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death.

Please sign and date in the space indicated below. Auditioners under the age of 18 sign below, and ensure that the Parent/Guardian Section of this form is completed.

Type for Electronic Signature

Date

← If the button does not work, please save the PDF with your information and submit via email attachment to wwobtheatre@gmail.com