

# ***We the People***

## **AUDITION FORM**

**Please print E-mail addresses neatly**

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Student's E-mail \_\_\_\_\_  
Grade \_\_\_\_\_ Telephone # \_\_\_\_\_ Parents E-mail \_\_\_\_\_

### **REHEARSAL SCHEDULE CONFLICTS**

Dates _____	Reason _____
Dates _____	Reason _____
Dates _____	Reason _____

1. List your theater experiences for the past three years on the reverse side of this form.
2. I will accept: Any part ☐ Only a large part ☐ Only a small part ☐
3. If cast, I will attend every rehearsal except for previously listed commitment, sickness or emergencies.  
Yes ☐ No ☐
4. I agree to not audition for any show which could conflict with *WE the People*.  
Yes ☐ No ☐

\_\_\_\_\_  
Student's signature Student's printed name

I give permission for \_\_\_\_\_ (print neatly) to audition for *We the People*. I have read, understand and agree to the stipulations listed above and in the "Audition Procedure & Casting Information", the Cast Member Pledge and "Attendance Requirements".

I also understand I am responsible for my child's transportation and will make sure he/she arrives at least **5 minutes prior to the scheduled rehearsal start**. I will leave a message at **203- 671-1623** at least 1/2 hour prior to start time if my child cannot attend a rehearsal for any reason, except those listed as conflicts.

### **Hold Harmless**

By submitting this application and waiver, you release Wagner Iovanna Studio Productions and its affiliates and employees from all claims related to any injury which may be sustained by you or your child while attending any of our workshops, performances, rehearsals or events associated with Wagner Iovanna Studio Productions. You affirm that you currently have and will continue to carry proper medical, health, hospitalizations and accident insurance, which you consider adequate for you and your child. **PLEASE LIST ANY ALLERGIES YOUR CHILD HAS!!!!!!!!!!**

### **Photo Waiver**

We would like your permission to use your child's photo in our advertising, including but limited to social media, print media and possible TV.

\_\_\_\_\_  
Parent's signature Parent's printed name

**\*\*THIS FORM AND THE PLEDGE MUST BE BROUGHT TO THE AUDITION\*\***

**EXPERIENCE ( list last three only )**

\_\_\_\_\_  
DATE                                  PLAY                                  PART

Have you ever taken dance lessons?    Yes ☐    No ☐  
If yes, describe below.

\_\_\_\_\_  
TYPE OF LESSONS                          WHEN                          HOW LONG

**DO NOT WRITE BELOW THIS**

**LINE** \_\_\_\_\_

**Vocal**

**V -** 1   2   3   4   5   6   7   8   9   10

**B   T   A   S                          SQ** ☐

**Acting**

**A -** 1   2   3   4   5   6   7   8   9   10

**Attach a small picture here**

