

Musical Theater Center

Godspell Audition Sign-in

YOU MUST BRING A HEADSHOT - school wallet-sized photo is fine, **and your sheet music**

Audition Fee:

There is a \$100 audition fee for *Godspell*

- If you are selected to be a member of the cast and choose to do the show, the audition fee will be applied to the audition.
- If you are selected to be a member of the cast and choose not to do the show, the audition fee is non-refundable.
- If you are NOT selected to be a member of the cast, the audition fee will be refunded.

Please fill out completely. Please print clearly.

Name _____ Height _____
Age _____ Birth date _____ Grade (09/10) _____ School _____
Street address _____
City _____ St _____ Zip _____
Home phone _____ Child's cell phone _____
Father's name _____ Work phone _____
Mother's name _____ Work phone _____
Father's cell phone _____ Mother's cell phone _____
Child's email _____ Parent's email _____

If you want your email to be included on the cast email list, please include it here, written clearly. If you have recently changed any of your contact information, please alert the MTC front desk. (Please note: We use email to contact you about rehearsal schedules, changes in rehearsal, parent list, etc.)

How did you learn of this audition _____

Have you auditioned with us before yes no

Are you currently taking dance lessons yes no

Dance forms in which you have had any instruction tap jazz ballet modern ballroom folk

What level are you _____

Are you currently taking voice lessons yes With whom _____

Do you play a musical instrument yes What instrument _____

How do you rate your musical sight reading ability excellent good fair no experience

Do you have any other special performance skills (such as juggling, gymnastics) _____

PLEASE LIST YOUR STAGE EXPERIENCE/CREDITS ON OTHER SIDE, OR ATTACH A RESUME. State name of play, role(s), place of production (school, MTC, dinner theater). Please print clearly.

Show	Role	Where
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CONFLICT FORM

Auditioner's Name _____

Cell Phone No. _____

E-Mail _____

- I understand the rehearsal and performance schedule as set forth in the audition notice (above). I also understand that all conflicts must be stated at the time of this audition. I further understand that rehearsals are an essential part of performing and that attendance is expected at all rehearsals, unless there is illness, a family emergency or an unavoidable school conflict. All conflicts listed on this form will be reviewed on a case-by-case basis and will be taken into consideration for the casting of the show. There can be no conflicts, however, during the week prior to tech week and the tech/performance week.

If a performer is forced to withdraw because of too many conflicts, no tuition will be refunded.

- My child has no known conflicts at this time.
- At this time, I am aware of the following conflicts in my child's schedule.

Date/times: _____

Signature of Auditioner: _____

Signature of Parent: _____