



**AUDITION FORM (Please print clearly)**

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ AGE \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

TITLE OF SHOW \_\_\_\_\_

Consider me for the part(s) of \_\_\_\_\_

If you are not cast in a principal role, will you accept a part in the chorus? YES \_\_\_\_\_ NO \_\_\_\_\_

VOICE PART (for musicals only): ALTO \_\_\_\_\_ MEZZO \_\_\_\_\_ SOPRANO \_\_\_\_\_

BASS \_\_\_\_\_ BARITONE \_\_\_\_\_ TENOR \_\_\_\_\_

<b>BRIEF LIST OF THEATRE EXPERIENCE (or attach resume):</b>          	<b>Possible rehearsal conflicts?</b>          
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<b>STAFF NOTES</b>          
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Do you currently receive our audition notices by email? YES \_\_\_\_\_ NO \_\_\_\_\_

**EMERGENCY INFORMATION**

In case of emergency, please notify:

NAME \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Phone # \_\_\_\_\_

**RISK AND RELEASE**

*In consideration of being permitted to participate in Theatre at the Mount productions, in full recognition and appreciation of the dangers and hazards inherent in such activities, I do hereby agree to assume all risks and responsibilities surrounding my participation in TAM productions. Further, I do for myself, my heirs and personal representatives hereby defend, hold harmless, indemnify, release and forever discharge Mount Wachusett Community College and all of its officers, agents and employees from and against any and all claims, demands, actions or causes of action, on account of damage to personal property, personal injury or death which may result from my participation, and which results from the causes beyond the control of, and without the fault or negligence of MWCC, its officers, agents or employees, during the period of my participation.*

**I give Mount Wachusett Community College and Theatre at the Mount the right to utilize as they wish; any photographs and videos taken of me for publicity purposes.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Signature of parent or guardian for participant under age 18:**

\_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_