

AUDITION FORM

Please print clearly



THEATRE AT THE **MOUNT**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Male Female Non-Binary Other Pronouns: _____

Age: _____ Height: _____

Are you auditioning for a specific role? Yes No

If so, which role(s) are you most interested in? _____

If you are not cast in a principal role, will you accept a part in the ensemble? Yes No

VOICE Part (for musicals)

Bass Baritone Tenor Alto Mezzo Soprano

Experience: Please list the top 3 favorite roles you have played.

(feel free to attach a resume if you have one)

ROLE	SHOW	GROUP

Conflicts: Please list any commitment (work, school, vacations, family event, etc.) that may conflict with rehearsals and/or performances.

For Theatre at the Mount use only – please do not write in this space;

Notes:

Voice: _____

Dance: _____

Reading: _____

Yes No

In case of emergency, please notify:

Name: _____

Relationship to you: _____ **Best time to contact:** Day Night

Phone: _____ **Email:** _____

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 any photographs and videos taken of me for publicity purposes.

Signature: _____ **Date:** _____

Signature of parent or guardian for participant under age 18:

Witness: _____ **Date:** _____