

## PRIOR LAKE PLAYERS AUDITION FORM

Welcome to auditions! Please clearly fill out the following information. Thank you and good luck!

| Name:   |                                |                             |                     |  |  |  |  |
|---|--------------------------------|-----------------------------|---------------------|--|--|--|--|
| Address:  |                                |                             |                     |  |  |  |  |
| City:   | State:                         | ZIP:                        |                     |  |  |  |  |
| Home Phone:   | Cell Phone:                    |                             |                     |  |  |  |  |
| E-Mail Address:   |                                |                             |                     |  |  |  |  |
| Age: Height:  |                                | <b>Gender:</b> □ Male       | ☐ Female            |  |  |  |  |
| Role(s) you are auditioning for:  |                                |                             |                     |  |  |  |  |
| If you do not receive any of the above, would you   | be willing to be cast in ar    | nother part?   Yes          | □ No                |  |  |  |  |
| Relevant experience:  |                                |                             |                     |  |  |  |  |
|   |                                |                             |                     |  |  |  |  |
|   |                                |                             |                     |  |  |  |  |
|   |                                |                             |                     |  |  |  |  |
|   |                                |                             |                     |  |  |  |  |
| For musical productions only:   |                                |                             |                     |  |  |  |  |
| Vocal range (check one if known): $\Box$ Soprano  | $\square$ Mezzo $\square$ Alto | ☐ Tenor ☐ Barit             | one 🗆 Bass          |  |  |  |  |
| Note range (if known):  |                                |                             |                     |  |  |  |  |
| Dance training (check all that apply and include he   | ow many years of training      | g):                         |                     |  |  |  |  |
| $\Box$ Jazz $\Box$ Ballet $\Box$ Modern $\Box$ Bal  | lroom   Other:                 |                             |                     |  |  |  |  |
| List any conflicts you might have during rehearsal or performance period:   |                                |                             |                     |  |  |  |  |
|   |                                |                             |                     |  |  |  |  |
|   |                                |                             |                     |  |  |  |  |
| Would you be willing to work in any of the follo  | wing production areas?         | ? (check all that apply)    |                     |  |  |  |  |
| $\hfill \square$ Box Office/Lobby $\hfill \square$ Costumes/Make-up $\hfill \square$ Light  | nting/Sound/Tech               | Construction/Painting       | ☐ Pit Orchestra     |  |  |  |  |
| Where did you hear about auditions?   |                                |                             |                     |  |  |  |  |
| Thank you for completing the above information. Your Players are not liable in any way for any injury or accide production. Also, by your signature, you give your permublicity and promotional purposes. | ent that may occur to you d    | luring rehearsals and/or pe | erformances of this |  |  |  |  |
| Signature   |                                | Date                        |                     |  |  |  |  |
|   | VRITE BELOW THIS LINE          |                             |                     |  |  |  |  |
| □ Read  |                                |                             |                     |  |  |  |  |
| □ Sang  |                                |                             |                     |  |  |  |  |
| □ Danced  |                                |                             |                     |  |  |  |  |
| Notes:  |                                |                             |                     |  |  |  |  |
|   |                                |                             |                     |  |  |  |  |
|   |                                |                             |                     |  |  |  |  |
|   |                                |                             |                     |  |  |  |  |
|   |                                |                             |                     |  |  |  |  |