

This packet contains
important information
about the audition
process, rehearsals and
the performances.
Please read this before
you fill out the
application.



**Welcome to auditions for *15 Reasons Not to Be in a Play!*
Directed by Anthony Mendoza and Janet Lazarus**

Auditions will be held on January 28 from 3-5pm at 1380 Greg St, suite 225, in Sparks, 89431 (near the intersection of Greg and Rock). Auditions are open to boys and girls in the 4th grade and up. No experience necessary to audition! Auditions will consist of readings from the script; you may prepare a short monologue if you wish, memorized, but it is not mandatory. Bring a headshot - 5 X 7 is preferred - along with the audition application, your conflicts, and resume if you have one.

Absences

All known conflicts must be listed on the audition form, and conflicts that come up must be communicated to the stage manager as soon as possible. We expect you to do everything in your power to attend all rehearsals for which you are scheduled. Of course last minute emergencies come up, and if you must miss a rehearsal for an unexpected reason, please let us know as soon as possible. Please be forthright in listing all your conflicts. We can best work around absences if we know of them in advance. Attendance is **mandatory** at all dress and tech rehearsals the week before the show opens. Casting may be affected by your availability.

Production Fees

We are a teaching organization that relies on grants, donations, production fees, and ticket sales in order to offer performance opportunities to the many talented people we have in this area. Anyone who performs in this production is required to pay a \$200.00 production fee, payable by cash or check on or before February 11. In return, you will receive at least 9 weeks of acting training. You will learn the skills and theater etiquette needed to help you earn a role in a school production or with a community theater group. Best of all, you will perform for family, friends and the public in the play, *15 Reasons Not to Be in a Play*. If the production fee is a hardship, SSPA does offer scholarships to cover this expense. Scholarship form is on the last page of this packet. Scholarship applications should be handed in at or before the first rehearsal.

Behavior

Our goal is to have a great time, learn, and put on a fabulous production. We expect all cast members to be courteous and treat everyone, including theater spaces, props, and costumes, with respect.

Rehearsals

Rehearsals will begin Saturday, February 4 and will be every Saturday afternoon, tentatively from 1:30 – 4:30 pm. As soon as we look at all the time and date preferences and conflicts on the

audition forms, we will confirm the time, and decide on the best weeknight to hold additional rehearsals as needed. The first rehearsal is always a mandatory cast and parent meeting. For those of you under the age of 18, a parent must come to the meeting which will take up approximately the first 30 minutes of rehearsal. You will receive advance notification of any schedule changes via email, and text. There may be a Facebook page with up-to-date rehearsal info as well. All rehearsals (except tech rehearsals) will be located at Sierra School of Performing Arts, 1380 Greg Street, Suite 225, Sparks Nevada 89431. Rehearsals will be planned carefully so that only those in a particular scene will come at specific times.

Release of Cast List

Once the show has been cast, everyone who auditioned will be notified of the results. If you are offered a role in the show, you must email the Stage Manager to either accept or turn down the offer. First rehearsal will be Saturday, February 4.

Performances

Our performance venue is still being finalized. The performances will take place on one weekend in early May. This info will be released by the first rehearsal.



SIERRA SCHOOL OF
Performing Arts

15 Reasons Not To Do A Play Audition Application

Audition # _____

First Name _____

Last Name _____

Address _____

City, ST ZIP Code _____

Email Address (This should be the address you want us to use for all cast communication) – Please write legibly

Additional Email Address (If you have an additional email address you would like cast communications sent to.) – Please write legibly

Home Phone _____

Cell Phone _____

Age _____

School & Grade _____

Height _____

Gender

M

F

Parent's/Guardian's Name (If under 18 yrs of age) _____

Parent Phone Number _____

Emergency Contact and Medical Authorization

Primary Emergency Contact _____

Secondary Emergency Contact _____

Home Phone _____

Cell Phone _____

Home Phone _____

Cell Phone _____

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Signature _____

Printed Name _____

Cast Member Information

If you are not cast in a major role are you willing to be in the general ensemble?

Yes

NO

Please tell us about your past singing, dancing, acting experiences or attach a resume: Please include special skills such as acrobatics, martial arts, etc.

How did you hear about our auditions? (Flyer, email, SSPA website, other internet, newspaper, radio, friend, magazine)

Photo Release

Sierra school of performing arts takes pictures and video during classes, camps, rehearsals, and performances for use in but not limited to media promotions, television, newspaper, grant proposals, our website, and social media. By signing below you consent to Sierra School of Performing Arts use of photographs, images, and videos containing your image.

Signature of Actor

Printed Name

Parent's/Guardian's Name (If under 18 yrs of age)

Printed Name

Signatures

I have read the audition information and understand the commitment, costs, and responsibilities outlined within

Signature of Actor

Date

Parent's/Guardian's Name (If under 18 yrs of age)

Date

February Conflict Calendar

Name: _____

February 2017						
◀ January						March ▶
Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	Notes:			

March Conflict Calendar

Name: _____

March 2017						
◀ February						April ▶
Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	Notes:

April Conflict Calendar

Name: _____

April 2017						
◀ March						May ▶
Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	Notes:					

May Conflict Calendar

Name: _____

May 2017						
◀ April						June ▶
Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31	Notes:		

More Calendar: [Jun](#), [Jul](#), [PDF Calendar](#)

Created with [WinCalendar](#) Calendar Maker

- ▶ For more sizes, layouts, colors, options & for calendars holidays download WinCalendar.
- ▶ You can also import [Google Calendar](#), [Yahoo Calendar](#), [Ical](#) and [Microsoft Outlook](#) data using WinCalendar.
- ▶ WinCalendar is also an integrated free Windows, Word & Excel pop-up calendar & date picker that supports storing of daily appointments that display on created calendars.



Production/Program: _____

Scholarship Application

Participant's Name: _____

Gender: _____ Birth Date: _____ School: _____

Child lives with: Both parents together: _____ Mother: _____ Father: _____ Other: _____

Primary Guardian's Name: _____

Home address: _____

Home phone: _____ Work phone: _____ Cell: _____

Email Address: _____

Have you (your child) participated with Sierra School of Performing Arts before? Y N

Have you ever received a SSPA Scholarship? Y N

If so, when? _____

Number of children in the household enrolling in the program: _____

Financial circumstances we should consider: Please write a short essay telling the board why you are applying for the scholarship and why you think you deserve to be a recipient. The essay should be 250 words or less. Please attach it to this application. It needs to be typed (double spaced) or in legible handwriting written in ink.

NOTE: All information provided in this application will be used only by SSPA Board of Directors and will be kept completely confidential.

Minimum Volunteer Hours Required: 15

For Office Use Only

Scholarship Award: _____

Comments:

