



**Audition Application – please complete both sides and bring this to your audition.**

\_\_\_\_\_  
\_\_\_\_\_  
**First Name and preferred pronoun (he, she, they)**

\_\_\_\_\_  
\_\_\_\_\_  
**Last Name**

\_\_\_\_\_  
\_\_\_\_\_  
**Address**

\_\_\_\_\_  
\_\_\_\_\_  
**City, ST ZIP Code**

\_\_\_\_\_  
**Email Address Write clearly!** (This should be the address you want us to use for all cast communication)

\_\_\_\_\_  
**Additional Email Address** (If you have an additional email address you would like cast communications sent to.)

\_\_\_\_\_  
**Cell Phone**

\_\_\_\_\_  
**Height**

\_\_\_\_\_  
**Age**

\_\_\_\_\_  
**Vocal range or part if known**

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

\_\_\_\_\_  
**Parent Phone Number/email**

**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**

What part(s) are you auditioning for? (Circle **all** that apply or write in specific roles)

Lead

Ensemble

Are you willing to be double cast, or if ensemble, understudy a lead?

Would you be available if we have to extend the show for additional weekend?

Are you currently in or plan to audition for any other shows for the summer?

How did you find out about this audition?

If not cast, are you interested in working on tech, props, or any other production support?

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Please list your past singing, dancing, acting or performance training and experience below or use the back - or attach a resume. Be specific. Include special skills such as gymnastics, juggling, martial arts, accents, fencing, etc.

### Photo Release

Sierra School of Performing Arts takes pictures and video during rehearsals and performances for use in 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.

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Signature of Actor

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Printed Name

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

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Printed Name

### Signatures

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

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Signature of Actor

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Date

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

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Date

### CONFLICT DATES:

Please refer to the rehearsal/performance schedule located in the audition information packet and list the dates of any known or anticipated vacations, trips, or other commitments between May 13 and August 27. (If you are not sure, include the dates and note that they are tentative.)