



AUDITION REGISTRATION FORM
(Revised July 2021)

Production Director's use only:
Conflicts: _____
Callback: Y _____ N _____
For: _____
Cast: _____ As: _____
Status: _____

Name: _____ Preferred Pronouns: _____

Production Title: CLUE: Live Onstage

Role Desired: _____

Address: _____

E-mail Address: _____

Cell: _____ Work: _____ Home: _____

Age / Age Range: _____ Height: _____ Weight: _____ Hair: _____

Eyes: _____ T-Shirt Size: _____

Are you a member of SAG/AFTRA, Actors Equity, or any other union? _____

If yes, Which? _____

If not cast in your desired role, would you accept any other role? _____

Are you currently auditioning for, or under consideration for, another show?

If So, where? _____

Any remarks or comments you wish to have considered as part of this audition? _____

Do You Sing? _____ Vocal range: _____ Do you read music? _____

Musical Instruments? _____ Do you dance? _____ Styles: _____

Proficient Stage Dialects: (Specify) _____

If Not cast in this show, would you be interested in working in some other capacity on this production? _____ If yes, area(s) of interest: _____

Would you like to be on the MVT audition e-mail list? _____

Please fill out the next page completely OR attach your resume to this form. Please prioritize those experiences that are most important to you.

A production information & Schedule accompanies this form. Did you read and understand it?

(initial)

PREVIOUS THEATRICAL EXPERIENCE

ROLE: _____ SHOW: _____

VENUE: _____ WHEN: _____

ROLE: _____ SHOW: _____

VENUE: _____ WHEN: _____

ROLE: _____ SHOW: _____

VENUE: _____ WHEN: _____

ROLE: _____ SHOW: _____

VENUE: _____ WHEN: _____

ROLE: _____ SHOW: _____

VENUE: _____ WHEN: _____

OTHER THEATRICAL EXPERIENCE

POSITION: _____ SHOW: _____

VENUE: _____ WHEN: _____

POSITION: _____ SHOW: _____

VENUE: _____ WHEN: _____

POSITION: _____ SHOW: _____

VENUE: _____ WHEN: _____

POSITION: _____ SHOW: _____

VENUE: _____ WHEN: _____

POSITION: _____ SHOW: _____

VENUE: _____ WHEN: _____

The Director may allow some flexibility for PRE-APPROVED conflicts with the rehearsal schedule. However, if you have any conflicts with either the performance or extension dates, we cannot cast you in this show.

Please list below., any existing or anticipated conflicts with the rehearsal, performance and extension schedules. _____

WAIVER OF LIABILITY - Do you have any physical problems which would prevent you from doing strenuous physical activity? (i.e. bad back, knees, etc.) Please list: _____

Do you have any allergies, or any other conditions we should be aware of? _____

I, _____, hereby release Manoa Valley Theatre, its staff, sponsors, and the Board of Directors from any claims for damages or injuries suffered by me as a result of my participation in this activity. My signature below confirms that I give consent to Manoa Valley Theatre, to freely use photos, or video of myself for any publicity, marketing, or historical records deemed necessary, and that I am willing available, and capable of committing to the entire production requirement.

Print Name: _____

Signature: _____

Date: _____

PLEASE NOTE: All audition forms must be signed and the question regarding conflicts with the production schedule must be answered accurately and completely before turning in this form.

***Mahalo for your interest in Manoa Valley Theatre! We're glad you're here! ***