



Actor's Audition Form

Production: the Virgin Trial

Name: _____

Preferred Pronouns: _____ Are you willing to play a role of any gender? Yes No

Phone: Mobile: _____ Home: _____

Email: _____

Emergency Contact: _____

Height _____

If under 18 or still in high school Age: _____ Grade: _____

Member of Actor's Equity?
And / Or

Acting Training & Experience: (list most recent)

Special Skills: (dancing, singing, juggling, etc.)

Do you have training or experience working with choreographed staged Violence and/or Intimacy?

Have you read the script? Yes

Are you auditioning for a specific role? Please List all

★ Please note that this production contains content of mature subject matter including sexuality, violence, and partial nudity. We are committed to supporting safe practices in a consent based culture. Please see the casting breakdown for character specific information and to view and complete the confidential Audition Disclosure Form.

Audition Disclosure Form - Completed and Included with this Form

I have read the Casting Breakdown and Understand What is being asked of the roles in this story

Do you have any physical injuries or other physical, or other, limitations or accessibility needs?

Block Out Times - Days and times you are **NOT** available for rehearsal:

Sun	Mon	Tues	Wed	Thurs	Fri	Sat

Do you have other commitments that would interfere with the rehearsal period, e.g. work or a planned vacation? If yes, please list:

If you are not cast would you be willing to work on the show in another capacity? Yes No

If yes, do you have a particular area of interest or expertise? Please list:

Is there anything else you want us to know for the audition? (Optional)

I understand that I am making a commitment and I must attend all rehearsals as scheduled by the director. Yes

I understand that this production performs at the OZone Festival (May 19 - 24, 2025) and I am committed. Yes

I understand that this show may travel to the Theatre BC Mainstage Festival (July 1 - 7, 2025) and I am committed. Yes

I give permission for production photos & videos of me to be published for publicity and archival purposes. Yes No

Signature: _____

Legal Guardian Signature _____

(If under 18) (by signing I acknowledge that I am aware of the content of the script and give permission for my child to participate)

Date: _____

★ I am a current member of Shuswap Theatre? Yes No Unsure

- Memberships forms can be found on our website, shuswaptheatre.com / \$10 - individual, \$20 - family
- Send Payment by e-transfer to treasurer@shuswaptheatre.com Memo: Membership
- Membership to Theatre BC for Ozone is mandatory and will be covered by Shuswap Theatre