

## **Actor's Audition Sheet**

Production: Concord Floral

Name:	
Preferred Pronouns:	Are you willing to play a role of any gender? ☐ Yes ☐ No
Age:/	/ Grade:
Phone: Mobile:	Home:
Email:	
Acting Experience & Training:	
Skills (dancing, singing, juggling, etc.):	
Have you read the script? ☐ Yes	
Are you auditioning for a specific role? Please l	List all:
illness and partial nudity. We are committed to	nt of mature subject matter including sexuality, bullying, death, mental supporting safe practices in a consent based culture. Please see the mation and to view the confidential Audition Disclosure Form.
Is there anything else you are NOT prepared to	do if the part calls for it (e.g. cut, grow or colour hair or beard?):



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

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Do you have please list:	other commitmen	nts that would in	terfere with the 1	rehearsal period, e.	g. work or a planned	vacation? If yes,
If you are no	t cast would you	be willing to wor	k on the show in	n another capacity?		□ Yes □ No
If yes, do you	u have a particula	r area of interest	or expertise? Pl	ease list:		
Is there anyth	ning else you wan	t us to know for	the audition? Op	otional.		
I understand the	hat I am making a c	commitment and I	must attend all re	hearsals as required t	by the director.	□ Yes
I understand that I am making a commitment and I must attend all rehearsals as required by the director.  I understand that this production travels to the OZone Festival (May 19 - 27, 2023) and I am committed.						
I understand that this show may travel to the Theatre BC Mainstage Festival ( July ?? 2023) and I am committed.						
I give permission for production photos & videos of me to be published for publicity and archival purposes.						
Signature: _						
Legal Guardi (If under 18) (	an Signature by signing I acknow	wledge that I am a	ware of the conter	nt of the script and gi	ve permission for my c	hild to participate)
Date:			_			
	rent member of S			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