



Welcome to Ocala Civic Theatre!
AUDITION FORM

Audition #

Please fill out ALL requested information below. Enter N/A if not applicable.

Full Name:
Age: Height: Eye Color: Hair Color:
Gender/Identity:

Song and/or monologue you are performing:

PREVIOUS ROLES/PERFORMANCE EXPERIENCE - OR ATTACH RESUME:

Table with 4 columns: ROLE, SHOW, COMPANY, YEAR

Role(s) you are Auditioning for:

Roles(s) you would not accept:

Would you consider other roles? YES NO Would you accept an ensemble role? YES NO

Would you consider playing the opposite gender? YES NO

ACTOR TRAINING/WORKSHOPS (please list any training/workshops you have attended and/or techniques you have studied, along with school(s)/studio(s) and instructor(s):

MUSIC AND DANCE TRAINING: Vocal ability: AMATEUR SOME TRAINING PROFESSIONAL

Voice Range: BASS BARITONE TENOR ALTO MEZZO SOPRANO

Style: BELT LEGIT POP Do you read music? YES NO

Instruments you play:

Instrument Skill Level: BEGINNER INTERMEDIATE ADVANCED

DANCE/MOVEMENT: BALLET TAP JAZZ CONTEMPORARY MODERN HIP-HOP BALLROOM OTHER Style (if Other):

Years of experience: Skill Level: BEGINNER INTERMEDIATE ADVANCED

Special Skills: STAGE COMBAT JUGGLING ACROBATICS CIRCUS CHEERLEADING GYMNASTICS

Other Skills to Note:

Are you currently performing in/rehearsing for another production? Please list show and schedule below:

Continue on other side

Are there currently any known or potential Scheduling Conflicts you are aware of? (Please see our attached Rehearsal/Performance Calendar for specific dates and attendance policies):

• List **ALL** conflicts that might keep you from attending any rehearsal and/or performance from the audition dates through the final performance. All cast and crew are allowed two absences from rehearsals. Tech rehearsals and all performances are required attendance for all cast & crew. It is important to note that a successful production requires a commitment on everyone's part.

Potential medical or other conditions to note: (Are you diabetic? Asthmatic? Suffer from serious allergies? Do you suffer from any phobias we should be aware of?): _____

YOUR CONTACT INFORMATION:

Full Name: _____
Mailing address: _____
City, State, Zip: _____
Home Phone: _____ Cell Phone: _____
E-mail address: _____

EMERGENCY CONTACT: Parent or Guardian Info (if you are Under 18)

Name: _____
Home Phone: _____ Cell Phone: _____
Relationship: _____
Your Doctor Name and Phone: _____

OTHER OPPORTUNITIES AT OCALA CIVIC THEATRE: If not cast as a performer, would you be interested in volunteering as a production crew member? (*Casting not affected*) YES NO

Other Applicable Skills: STAGE MANAGEMENT LIGHT BOARD SPOTLIGHT SOUND BOARD
 ASM SPECIAL EFFECTS RIGGING STAGE CREW PROPS CONSTRUCTION DRESSER
 COSTUME CONSTRUCTION SET CONSTRUCTION SCENE PAINTING USHER GIFT BOX
 CONCESSIONS HOUSE MANAGEMENT PUBLIC RELATIONS PHOTOGRAPHY PUPPETRY

How did you hear about our auditions?

NEWSPAPER E-MAIL NOTICE OCT WEBSITE FRIEND TEACHER CASTING WEBSITE
 SOCIAL MEDIA (**What Social Media platform?** _____)

Would you like to sign up for our E-mail Newsletter list? YES NO

Thank you for your interest in our production!

We appreciate your time and thank you for sharing your talent with us.

We look forward to the opportunity to work with you.

• Ocala Civic Theatre is a volunteer-based organization. We do not discriminate on the basis of race, color, national origin, religion, gender, age, disability, veteran status, sexual orientation, or gender identity.

SIGNATURE: _____ DATE: _____ / _____ / _____