



P. O. Box 703 – Hershey, PA 17033 – 717.533.8525 – HersheyAreaPlayhouse.com



## Audition Form

Name: \_\_\_\_\_ Guardian (if minor): \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Birthdate: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Mobile \_\_\_\_\_

Emergency Contact and Phone: \_\_\_\_\_

Stage Age: \_\_\_\_\_ Dress/Suit Size: \_\_\_\_\_ Height: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Are you willing to alter your appearance? (Change hair style, shave beard, dye hair, etc.) Y / N

Do you sing? Y / N Do you play an instrument? Y / N List instrument(s) and number of years playing:

\_\_\_\_\_

Prior experience: (show/role/theatre - continue on back if needed. *If you have a resume and/or photo, please attach*)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Each actor needs to attend rehearsals to which he/she is called. Please list any possible conflicts you are aware of during rehearsals/performances. Check your schedules (including work and school), and include dates and times:

\_\_\_\_\_

\_\_\_\_\_

Anything else we should know about you?

\_\_\_\_\_

\_\_\_\_\_

By becoming part of the cast and/or crew, you recognize the inherent risks in any theatre program and participate with express agreement and understanding that you hereby waive and release Hershey Area Playhouse, its directors, members and agents from and against any and all claims, costs and liabilities arising out of your participation with Hershey Area Playhouse programs, or any illness or injury resulting therefrom and hereby to hold harmless Hershey Area Playhouse, its directors, members and agents from and against all claims. Hershey Area Playhouse shall also have the right to publish, use or assign any and all photographs or videos taken of me.

\*\*\*\*\*PLEASE DO NOT WRITE BELOW THIS LINE\*\*\*\*\*