THE HARTFORD PLAYERS AUDITION FORM:

Please print neatly.

Name *(preferably yours)*:_____ Best Phone: _____

Address: _____ City/Zip:_____

Email: _____ Age:_____

Height: _____

Prior Experience with The Hartford Players:_____

_____

_____

_____

Prior experience with other groups: *(Please list group, show, and role. Feel free to attach your resume.)*

_____

_____

_____

_____

Please list our shows that you have attended in the past 5 years:_____

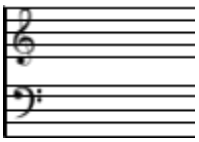
_____

_____

How did you hear about this audition?_____

Usual vocal part: ☐Soprano ☐Alto ☐Tenor ☐Baritone ☐Bass

Vocal Range (mark top and bottom note):



Filling out the form digitally?

Please mark in scientific pitch (e.g. A3 - B#5): _____

Ability to sing harmony:

☐Hate it ☐*Late at night,* during the cast party

☐Camp-fire certified

☐Quit the Pentatonix because they weren't up to my standards.

Role you are auditioning for:_____

CONFLICTS AND AVAILABILITY

What is the earliest time you could arrive at rehearsal? _____

Please list <u>ALL</u> conflicts you have on the rehearsal dates. Please include if you are available for even part of the evening: December 3rd and 4th (possible dates for 1st read through), December 7-10, 14-17, 28-30, January 4-29 (include Fridays), January 30, 31, February 1-4 (Tech Week, Actors must be available), Friday 5-7 (Performances with a 2pm and 7pm on both February 5th and 6th, Actors must absolutely be available).

- **Just need to know that you HAVE a conflict, not what it is.**
- **Be specific as to time. Thanks!**

<u>OTHER BUSINESS</u>

Are you a current member of The Hartford Players? (Check one)
☐YES ☐NO

(NOTE: You are not required to be a member in order to audition. However, the Articles of Organization of The Hartford Players require that anyone cast in a show must become a member at least one month prior to the opening. Annual dues are $15.00 per person.. The Articles also require the Director, when casting the show and if two or more persons are equally suited for a part, to give preference to persons who are members or who have rendered prior service to The Hartford Players. By submitting this form, you are also indicating that you understand that the process of creating and presenting live theater entails certain inherent risks of injury, and you are accepting that risk, personally and financially, and have your own health insurance..)

Would you be willing to help with any of the following?

(Check those in which you would be interested):

☐FOOD PROP PREP AND CLEAN UP (pre-show and post-show)

☐SET BUILD

ACTOR COMFORT SURVEY

Do you feel comfortable performing instances of familial touch? (hugging, arm over the shoulder, etc.)

☐ YES ☐ NO ☐ MAYBE (would need more information).

Are you comfortable performing instances of affectionate and romantic touch between couples?

☐ YES ☐ NO ☐ MAYBE (would need more information)

Are you comfortable performing a closed-mouth kiss? (Ralph and Rhonda)

☐ YES ☐ NO ☐ MAYBE (would need more information)