

Vermont Children's Theater Audition Form

All children are invited to audition for Vermont Children's Theater as long as they are between the ages of 7 (by Sept. 1) and having just completed their senior year of high school. **If the participant has special needs, please write them on the medical consent form.** Use the back of this form if you need more room to write your answers. **PLEASE PRINT CLEARLY (especially email addresses)!**

This space is reserved for use by the directors.

Participant's name: _____

Grade entering next fall: _____

Phone number: _____

Participant e-mail: _____ Parent/guardian e-mail: _____

Name of show for which you are auditioning: _____

If the opportunity is available, are you willing to be cast in another show at VCT? ____Yes ____No (Please note that by marking "yes," you may be contacted by a director other than the one for whom you are auditioning today.)

In order to help the directors make life easier for you and facilitate potential carpooling, please answer the following:

Do you have siblings also participating at VCT? ____Yes ____No

If yes, please list siblings' names, ages, and shows or other VCT placement (techie, backstage, pit): _____

Your town of residence: _____ Carpooling with _____

Tell the director a little about yourself (*remember to use the back if you need more room*).

Theatrical experience or training:

Dance experience or training:

Musical training (chorus, voice, etc.):

Any musical instruments you play and your experience level with each instrument:

Any other pertinent information you think the director should know (gymnastics, acrobatics, etc.):

IMPORTANT: Please list any vacations or other days you know that you will not be able to attend rehearsals between now and the performances, as well as other possible conflicts such as baseball/softball, etc. (use back for more room):

Older teens, please explain your work schedule if it impacts rehearsals or performances (use back for more room):

This section is for the **middle and older groups only!** Are you willing to change your hairstyle? Y / N

Length? Y / N Color? Y / N What gender role would you like to play? M / F / Either

Would you accept a role of any gender? Y / N What role are you interested in playing? _____

Why? _____

I understand that I must be able to participate in all the scheduled performances in order to be eligible for a lead role. I further understand that I can participate in the summer program at Vermont Children's Theater even if I have a vacation planned and will miss some of the rehearsals but that I may need to accept a smaller role. I have been forthright in listing known conflicts for the summer program, and I realize that **extensive schedule conflicts not stated on this form or frequent unexcused absences may result in recasting decisions.** I also understand that roles are given and changed by the directors as the theater process progresses, and I agree to accept the role(s) assigned to me.

Participant's signature: _____ Date: _____