



AUDITION FORM

SHOW: MATILDA THE MUSICAL

| | |
|--|--------------------|
| Name: | Age (if under 19): |
| Email: | Phone: |
| List experience on the back of this sheet if no résumé. | |
| Would you like to be added to the Four Seasons Musical Theatre mailing list? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| What role(s) are you auditioning for? | |
| Would you accept any other role: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If we cannot offer you a role, are you willing to volunteer behind the scenes? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Please list any dates that may interfere with the rehearsal or show (e.g. weekly commitments on weeknights or weekends, time away, etc). You must be available on these dates: (in evenings if weeknight, during days on the weekend) | |

Collection of Information. The information you provide is solely used by the Four Seasons Musical Theatre. This information will be used to provide you with updates and upcoming events of Four Seasons Musical Theatre. If at any time you wish to be removed from this mailing list, please send a request in writing to the Board of Directors.

MUSIC, DANCE, & OTHER TRAINING (IF UNKNOWN, LEAVE BLANK)

| | | | |
|---|-----------------|---------------------|-----------------|
| Singing Ability? <input type="checkbox"/> None <input type="checkbox"/> Amateur <input type="checkbox"/> Trained (years) | | | |
| Can you read music? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Voice <input type="checkbox"/> Bass <input type="checkbox"/> Baritone <input type="checkbox"/> Tenor <input type="checkbox"/> Alto <input type="checkbox"/> Soprano | | | |
| | Beginner | Intermediate | Advanced |
| Instrument(s) you play | | | |
| Dance/Movement (Ballet, tap, jazz, hip/hop, ballroom, contemporary/modern, other _____) <i>*Please indicate # years experience.</i> | | | |
| Special Skills (Stage combat, juggling, acrobats, circus, cheerleading, gymnastics, other) | | | |
| Other skills to note: | | | |

By signing below, you are agreeing to the terms on this form. If selected as a cast member, you will be required to read and understand all related policies and will be required to sign the Cast Member Agreement. All cast members are also required to become members of Four Seasons Musical Theatre.

Cast Member's Signature

Parent/Guardian Signature

(required if auditioning party is 19 years or younger)

Date

RELEVANT EXPERIENCE (IF NO RÉSUMÉ)