

Audition Form- Head Over Heels



Name: _____

Address: _____

Email: _____ Future Notifications: Y / N

Best available phone #: _____ Do you receive text: Y / N

Age: _____ M / F Height: _____ Weight: _____

Vocal Range: _____ Can you read music? Y / N Grow facial hair? Y / N

If cast, are you willing to alter hairstyle and / or facial hair? Y / N _____

Do you have any ASL training? Y / N (If so please list training in the Performance Background section)

Desired Role? _____ Accept any role? Y / N

Special Skills (gymnastics, aerial, ballet, tumbling, juggling, musical instrument etc.):

Do you have a sustainable ride to rehearsal? Y / N _____

**PLEASE THOROUGHLY READ THE PRODUCTION INFORMATION PROVIDED AND LIST ANY AND ALL CONFLICTS BELOW.
UNDERSTAND THAT EXCESSIVE CONFLICTS MAY PROHIBIT YOU FROM BEING CAST IN THIS PRODUCTION.**

CONFLICTS:

As a condition to my participation in the above program conducted or sponsored by the City of Selma/ Selma Arts Council, I understand and agree to the following: That the City/ Arts Council, its officers, employees, and agents shall not be liable for any loss, damage, injury or liability of any kind to any person caused or arising from acts, omissions or negligence of the City/ Arts Council, its officers, employees or agents relating to or arising from my participation in the above program. That I will defend, indemnify and hold harmless the City of Selma/ Selma Arts Council and its officers, employees and agents from and against any and all loss, liability, charges and expenses (including attorney's fees) and causes of action of whatsoever character which may arise by reason of participation in the above program or in any way connected therewith. The City of Selma/ Selma Arts Council does not provide accident, medical, liability or any other insurance for program participants. I also understand my picture might be taken as part of the program to promote our program on flyers, brochures, City website and marketing pamphlets.

****Those convicted of a felony or registered as a sex offender will not be permitted to participate or volunteer for the Selma Arts Center****

_____ I verify that I have read and understand this condition to audition/volunteer.

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date: _____
(If under the age of 18)

(Please list theatre Experience on the back of this sheet or attach a resume)

Performance Background (Back Page)

Please list previous theater and dance experience (if any) starting with most recent

Year	Show	Company	Notes

-----PLEASE DO NOT WRITE BELOW THIS LINE-----

CALLBACK: Y / N Role(s): _____

Notes: