

THEATRE AT THE MOUNT
Please print clearly

AUDITION FORM

YOUR NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (day) _____ (evening) _____

EMAIL _____

MALE _____ FEMALE _____ AGE _____ HEIGHT _____ WEIGHT _____

Do you currently receive our audition notices? YES _____ NO _____

NAME OF SHOW _____

Consider me for the part(s) of _____

THEATRE EXPERIENCE (A Brief List Please)

POSSIBLE REHEARSAL CONFLICTS?

Voice part FOR MUSICALS _____ ALTO _____ MEZZO _____ SOPRANO _____

BASS _____ BARITONE _____ TENOR _____

If you are not cast in a principal role, will you accept a part in the chorus?

YES _____ NO _____

(Your response will in no way impact casting decisions. We ask so that we have a realistic picture of our casting options.)

EMERGENCY INFORMATION

In case of emergency, please notify:

NAME _____

Relationship to you: _____

Evening phone # _____

RISK AND RELEASE

In consideration of being permitted to participate in Theatre at the Mount productions, in full recognition and appreciation of the dangers and hazards inherent in such activities, I do hereby agree to assume all risks and responsibilities surrounding my participation in TAM productions. Further, I do for myself, my heirs and personal representatives hereby defend, hold harmless, indemnify, release and forever discharge Mount Wachusett Community College and all of its officers, agents and employees from and against any and all claims, demands, actions or causes of action, on account of damage to personal property, personal injury or death which may result from my participation, and which results from the causes beyond the control of, and without the fault or negligence of MWCC, its officers, agents or employees, during the period of my participation.

I give Mount Wachusett Community College and Theatre at the Mount the right to utilize as they wish, any photographs and videos taken of me for publicity purposes.

Signature _____ Date _____

Signature of parent or guardian for participant under age18:

Witness _____ Date _____

DIRECTOR'S NOTES