ShoeString Community Players
Casting Call & Audition Form

Please Check That Apply:
☐Mystery Hour Radio Theater: The Shadow
☐Scarecrows: Tales in the Dark
☐St. Helens Haunted Tours

http://www.sscpmusicals.com

Director's Use Only					①② ③④	①② ③④	A / Y
1 ☐	**2** ☐	**3** ☐	**4** ☐	**5** ☐	①② ③④	①② ③④	①② ③④
ROLE GIVEN							
SSCP MEMBER ☐ Yes ☐ No							

FULL NAME			DATE / /
ADDRESS	CITY	STATE	ZIP
PHONE	CELL	EMAIL	
IF UNDER 18 PARENT'S NAME OR CONTACT IN CASE OF EMERGENCY			
PHONE	CELL	EMAIL	

Please mark any life threatening or preexisting medical conditions that SSCP should know about in case of emergency:
☐ **Asthma** ☐ **Allergies** ☐ **Convulsions** ☐ **Heart Disease** ☐ **High Blood Pressure** ☐ **Diabetes** ☐ **Leukemia**
☐ **Cancer** ☐ **Hemophilia** ☐ **Claustrophobia** ☐ **Paranoia** ☐ **Anxiety** ☐ **Stroke** ☐ **Stage Fright** ☐ **Other_____**

Explain:

SEX: M or F (circle one) AGE_____ HEIGHT_____ HAT SIZE_____

SHIRT SIZE_____ PANT SIZE_____ SHOE SIZE_____ DRESS SIZE_____

VOICE TYPE (circle one)
Soprano, Mezzo, Alto, Tenor Baritone, Bass, or Unknown.

Are you willing to be casted in the chorus only?
☐ **Yes** ☐ **No**

Previous Acting / Dancing / Singing / Theater Experience and Formal Training — *Please check all that apply*

☐ Resume Attached

☐ List Theater Experience:

Date / Year	Play/Show Name	Role	Organization/School	Director

☐ Formal Training:

Type	Years	Instructor	Organization/School

☐ Special Talents? Please specify on back of form if not on resume (e.g. gymnastics, juggling, play an instrument, or magic).

_____ _____ _____

Part/s interested in?

_____ _____ _____

List any parts/roles that you do **NOT** want?

_____ _____ _____

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In the event that you don get a part, would you still be interested in remaining involved with the production in any of the following areas? (Please check all that interest you).

□ Stage Manager	□ Lighting	□ Set Construction	□ Costumes	□ Advertising/Publicity
□ Stage Crew	□ Sound	□ Make-up	□ Ushering	□ Tickets / Concessions

PLEASE LIST ALL CONFLICTS YOU HAVE BETWEEN NOW AND THE PERFORMANCE DATES AND WHETHER THEY ARE FLEXIBLE OR NOT *(tentative rehearsal schedule will be provided at auditions):*

_____

_____

S.S.C.P Actor's Contract

Participant Rehearsal and Performance Agreement

By signing below, I hereby acknowledge that I fully understand the attached ***Actors Contract*** **terms and conditions** in relation to being involved in a musical/drama production with **ShoeString Community Players**.

_____ ___/___/___

PARTICIPANTS SIGNATURE DATE

By signing below, I hereby acknowledge that I as the parent fully understand the attached ***Actor's Contract*** **terms and conditions** in relation of my child being involved in a musical/drama production with **ShoeString Community Players**.

In case of emergency, I understand every effort will be made to contact me. In the event, I cannot be reached, I herby give my permission to the physician select by the SSCP representative in charge to secure proper treatment which may include hospitalization, anesthesia, surgery, or injections of medication for my child.

_____ ___/___/___

IF PARTICIPANT IS UNDER 18, REQUIRES PARENT'S / GARDIANS SIGNATURE DATE

DIRECTOR'S COMMENTS_____

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This original document will remain with ShoeString Community Players, documenting the participant's agreement of the terms and conditions.

ShoeString Community Players

Original Actor's Contract

Participant Rehearsal and Performance Agreement

By signing below, I hereby acknowledge that I fully understand the following **terms and conditions** in relation to being involved in a musical/drama production with ShoeString Community Players.

1. I agree that it is my responsibility to know when and where rehearsals will take place. I have been given a rehearsal schedule and have fully looked it over and noted any possible conflicts on this audition form.
2. I will bring the script, notebook, calendar, personal planner, pencils, and proper shoes and rehearsal clothing to each rehearsal.
3. I understand that as a cast member I must make every possible effort to attend all rehearsals that I have been assigned to attend.
4. I will arrive 15 minutes early for all scheduled rehearsals and will remain at rehearsals until the rehearsal is completed or I am excused.
5. If I must miss a rehearsal and I am are aware of it beforehand, I will give the director a signed note on a piece of 8 1/2 X 11 paper and will wait to see if it is an excused or unexcused missed rehearsal.
6. If I miss a rehearsal due to immediate illness or unforeseen circumstances, either I or my parent /guardian/significant other will call the director and leave a message, if necessary, detailing the reason for the absence.
7. I am aware that there is a difference between excused and unexcused absences and that a total of two or more unexcused absences may result in me being asked to drop from the cast.
8. I understand that director and any other assistant directors are the sole authorities as to what constitutes an excused or unexcused absence and the director thoughtfully considers each case individually.
9. I understand that I am expected to show up to rehearsals and performances on time and that a series of tardiness may affect the my involvement in the show by either being asked to take a smaller, less demanding role, or by being asked to drop from the cast. This includes not being in close proximity to the rehearsal area at the time I am needed on stage.
10. I, as a cast member, will respect all persons involved in this production from the directors to the crew members, and follow the golden rule. I will promote and foster a professional attitude: dedicated, productive, positive, safe, pleasant, creative, and collaborative.
11. I agree to be off-book with lines memorized for the second called rehearsal of a given scene. I may call "line" for a reasonable period of time after the second called rehearsal of the scene.
12. While at rehearsal I agree to focus my attention on the rehearsal process and will not make cell phone calls, texting, social networking, or any other such activities that may distract others or me from the purpose of rehearsal.
13. I will not cut my hair or beard, change hairstyles or colors, or, in general, change my appearance in any way, unless explicitly instructed to do so by the Director or Costume Designer.
14. I agree that I will not invite guests to rehearsals without express, prior approval of the director.
15. I agree to assist with the production in any capacity, including but not limited to, working on the set, helping in the costume shop, assisting the Box Office with publicity & marketing, etc.
16. I will participate in the strike of the show.
17. I understand that I must supply my own makeup and undergarments.
18. **The final two weeks of rehearsal (tech/dress week) is MANDATORY. No time during this week may be missed AT ALL. All cast members must be present for every moment of every rehearsal during tech week.**

_____ _____ / ____ / ____

PARTICIPANTS SIGNATURE DATE

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_____ _____ / ____ / ____

IF PARTICIPANT IS UNDER 18 REQUIRES PARENT'S / GARDIANS SIGNATURE DATE

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