



The Brookfield Theatre for the Arts, Inc.

AUDITION FORM

Please print clearly

BrookfieldTheatre.org

NAME	Preferred Pronouns
ADDRESS	Preferred Phone
CITY	Alternate Phone
STATE & ZIP	Email Address
If under 18, indicate age	Parent/Guardian (if under 18)
Emergency Name	Emergency Phone
Needs Requests	Covid-19 vaccination status

Please indicate specific role(s) that you are interested in: _____

Will you accept any role in this production? ☐ Yes ☐ No

In the event that you are not cast, would you be interested in helping backstage? ☐ Yes ☐ No

Musicals Only: What is your vocal type? ☐ Soprano ☐ Mezzo-Soprano ☐ Alto ☐ Tenor ☐ Baritone ☐ Bass

If applicable, list the songs or monologues you have prepared for today:

Selection 1	Selection 2

List ANY schedule conflicts (work, recitals, vacations, religious holidays, etc.)

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Conflicts do not affect casting choices. Rehearsals WILL be scheduled based on the information provided here. Notify the Producer immediately if there are any changes in your schedule. Attach your resume (text facing forward, headshot facing backward). If you did not bring one, use the back of this form to list relevant performing credits. Include the production name, your role, theatre company, and year of show. Also please list any relevant voice, dance, acting, or musical training.

Indicate any additional performing skills (gymnastics, juggling, celebrity impersonations, languages, accents, etc.):

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Tech week begins _____ and shows runs from _____ to _____.

I understand that The Brookfield Theatre for the Arts, Inc. is an all volunteer, non-profit, equal opportunity organization. My participation is voluntary and no payment will be provided. There is no script fee, costume fee, membership or participation fee required. I agree to assist in promoting the show if cast. Rehearsals will be planned based on the conflicts I have listed above. Therefore, if cast, I agree to participate in all scheduled rehearsals. I agree to attend all performances, previews, technical rehearsals, and strike. I agree to mark my script/libretto only in pencil and return it in a timely fashion in good condition. I understand that, as with any physical activity, there are risks of injury involved in participating. I understand and appreciate that there are a number of inherent risks involved that are beyond the control of the sponsoring agency and its staff. I fully understand and accept all risks associated with participation in this activity. I understand that I am responsible to disclose pertinent information to the Show Producer. I agree to follow the rules and traditions of Brookfield Theatre as communicated by the Show Producer.

Agreed to by _____ On this date _____
(Parent or Guardian if under 18)

PLEASE DO NOT WRITE BELOW THIS LINE