



AUDITION FORM

Audition Time: _____

Name: _____

Address: _____

City, State, Zip: _____

Actor's Mobile: _____ Parent's Mobile: _____ Home Phone: _____

Email _____

By providing your email address, you agree to receive notices of upcoming auditions and other theater information. Your email will be kept private and will only be used by HCTO for theater related information. PLEASE DO NOT CALL THE BOX OFFICE REGARDING CASTING.

M F Age _____ Birth Date _____ Height _____ Weight _____ Hair Color _____

Vocal Part - Soprano Alto Tenor Bass Have you performed as HCTO previously? Yes No

Please list your performance experience on the back of form. Staple any resumes and headshots to this form.

Please list any conflicts you have between now and May 12th below:

Are you willing to accept any role? Yes No

If no, which role(s) would you accept? _____

Hale Center Theater Orem provides an excellent environment with quality production staff to give actors a rewarding experience. We will email you if you are cast. PLEASE DO NOT CALL THE BOX OFFICE REGARDING CASTING.

If cast in the production, each cast member will owe a tuition fee of \$250.

I authorize and consent that Hale Center Theater Orem shall have the absolute right to publish, sell, or assign any and all photographs taken of me as a participant in its productions.

I have read and understand the information above (If under 18, a parent or guardian must sign.)

Signature _____ Parent/Guardian Signature _____ Date _____

Director / Producer Notes

Call Back Part _____

Called _____

Cast Part _____

Called _____