



# 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 today and March 9th 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  \_\_\_\_\_