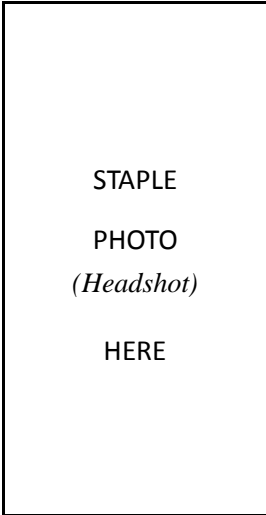


ASTRA THEATRE PRESENTS
EVITA - MARCH 2017
AUDITION FORM

Please fill out as much of the requested information below as possible,
or circle the appropriate choice where applicable



Full Name: _____

Age: _____ Height: _____

Weight: _____

Eyes: _____ Hair: _____ Sex: MALE FEMALE

Home Phone: _____ Mobile Phone: _____

NOTABLE PREVIOUS PERFORMANCE EXPERIENCE OR ROLES:

_____ COMPANY _____ YEAR _____
_____ COMPANY _____ YEAR _____
_____ COMPANY _____ YEAR _____
_____ COMPANY _____ YEAR _____

Role You're Auditioning for

(1st Choice): _____

(2nd Choice): _____

(3rd Choice): _____

Would you consider other roles? YES NO

Would you accept an ensemble role? YES NO

MUSIC AND DANCE TRAINING:

Can you read music? YES NO **Singing ability:** NONE AMATEUR TRAINED (____ YEARS)

Voice: BASS TENOR BARITONE ALTO SOPRANO **Skill:** BEGINNER INTERMEDIATE ADVANCED

Instruments you play:

_____ **Skill:** BEGINNER INTERMEDIATE ADVANCED

DANCE/MOVEMENT:

BALLET TAP JAZZ CONTEMP/MODERN HIP-HOP BALLROOM /TANGO OTHER

Style (if Other): **# of Years:** **Skill Level:** BEGINNER INTERMEDIATE ADVANCED

Special Skills: STAGE COMBAT JUGGLING ACROBATICS CIRCUS

Other Skills to Note: _____

OTHER OPPORTUNITIES WITH US:

If not cast as a performer, would you be interested in working as crew or stage manager? YES NO

Other Applicable Skills: STAGE MANAGEMENT LIGHTBOARD SPOTLIGHT SPECIAL EFFECTS
RIGGING/FLYING PROPS SEWING/COSTUMES SET BUILDING SET PAINTING
FRONT OF HOUSE PUBLIC RELATIONS PHOTOGRAPHY PUPPETRY CHOREOGRAPHY

YOUR PREFERRED CONTACT INFO:

Full Name: _____

Mailing address: _____

Town: _____

Home Phone: _____ Mobile Phone: _____

E-mail address 1: _____ E-mail address 2: _____

Facebook: _____ Twitter: _____

Potential medical or other conditions to note: *(Are you diabetic? Asthmatic? Suffer from serious allergies? Do you suffer from any phobias we should be aware of?):*

Are you currently performing/rehearsing anything now? *Please note the show and schedule below:*

Are there any potential Scheduling Conflicts you're currently aware of? *(Rehearsals will start on a weekly basis in October with breaks over the Christmas period The performances are scheduled for the end of March 2017. Please note that cast members must be willing to rehearse in both Malta and Gozo and that some rehearsals will take place on weekends)*

Apart from the regular evening rehearsals would you be available for morning or afternoon rehearsals? *(this is particularly useful for one on one rehearsals)*

Morning Afternoon Not available *(please tick)*

How did you get to know about our auditions?

NEWSPAPER E-MAIL NOTICE OUR WEBSITE FRIEND TEACHER OTHER

Would you like to sign up for our group's mailing list? NO YES E-MAIL MAIL ALL

EMERGENCY CONTACT:

Name: _____

Parent or Guardian Info (if Under 18): _____

Home Phone: _____ Mobile Phone: _____

Relationship: _____

Doctor Name and Phone (if Applicable): _____

Thank you for your interest in our production! We appreciate your sharing your talent with us, and look forward to the opportunity to work with you.