

A MIDSUMMER NIGHT'S DREAM

Audition Information

Name _____

Address _____

Best way to contact you? ___ Phone _____

 ___ E-mail _____

Height _____ Hair Color _____

Willing to make changes to your hair (Color? Cut?) Yes No

Please list any relevant theatre experience including dance, music, and technical experience. If you have brought a resumé, hand it in with this form.

Do you play a portable musical instrument? Any creative or unusual skills? (e.g. juggling, gymnastics, dancing, magic, etc.)

On the attached calendar, please cross out any dates that are conflicts that may interfere with rehearsals or performances.

Are you considering a specific role?

If Yes, which role(s) _____

Will you accept any role? ___ Yes ___ No

Would you accept a non-speaking/understudy role? ___ YES ___ NO

Would you accept a role involving a PG-13 love scene? ___ YES ___ NO

Comments or questions?

(please fill out information on the back of this page)

How did you hear of these auditions? (Check off all that apply)

Word of mouth_____

MCT website_____

Social Media _____

Posters _____

Radio or TV _____

Personal invitation_____

Other (please explain) _____

MOUNTAIN COMMUNITY THEATER CAST EXPECTATIONS

1. All performers are asked to participate in a minimum of 4 hours of tech/production assistance time.
2. All performers are required to attend STRIKE on Sunday following the final performance.
3. Under the guidance of our costume coordinator and stage director you may be asked to purchase shoes and some of your own costume pieces as needed for your role. You may be reimbursed for these purchases.
4. Each cast member is asked to sell one program ad for the show.
5. Any use of drugs and/or alcohol during rehearsals or performances is unacceptable and can endanger yourself or others. We reserve the right to remove you from the show if this rule is broken.

HOLD HARMLESS AGREEMENT

In consideration of participation as a volunteer for Mountain Community Theater (MCT), I hereby indemnify and hold harmless MCT, its agents and members of its executive board from any and all liability suffered by myself arising from or connected with volunteer labor on behalf of MCT, and assume all risk for any injury.

Signature of Participant

Date

Your Name _____

SEPTEMBER

SUN	MON	TUE	WED	THU	FRI	SAT
	1 LABOUR DAY	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

OCTOBER

SUN	MON	TUE	WED	THU	FRI	SAT
			1	2	3	4
5	6	7	8	9	10	11
12	13 COLUMBUS DAY INDIVIDUITY PROFESSOR DAY	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31 Halloween	

NOVEMBER

SUN	MON	TUE	WED	THU	FRI	SAT
						1
2	3	4	5	6	7	8
9	10	11 NOVEMBER 11th	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27 NOVEMBER 27th	28	29
30						

DECEMBER

SUN	MON	TUE	WED	THU	FRI	SAT
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24 CHRISTMAS DAY	25 CHRISTMAS DAY	26	27
28	29	30	31 NEW YEAR'S DAY			