

Production: _____

Date Auditioned: _____



Market House Theatre Audition Form

(Attach Photo here)

NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

TELEPHONE (HM) _____ (WK) _____

CELL _____ EMAIL ADDRESS _____

EMPLOYEERS NAME _____

AGE _____ BIRTH DATE _____ HEIGHT _____ HAIR COLOR _____

LIST PREVIOUS REPRESENTATIVE PERFORMING EXPERIENCE (use back if needed)

(Musical Auditions Only)

Vocal Range 1st Soprano _____ 2nd Soprano _____ Alto _____ Tenor _____ Bass _____

Piano Range from _____ to _____ (will be filled out by Music Director)

Unless you specifically audition for a certain role you will be considered for all roles. If you are interested in auditioning for a specific Role please list here: _____

You must answer this question before you audition! I will accept any role Yes _____ No _____

(if you answered no) The only roles I will accept are _____

Rehearsals are generally held Monday through Friday at 6:30- 9:30 PM for adult plays and 5:00-7:30 PM for youth plays. Please list below any schedule conflicts you may have, starting from the Monday following auditions. If you have no conflicts, please write NONE. Please be truthful in listing your conflicts, as casting decisions sometimes comes down to who's most available. (Although we can work around some conflicts. In fairness to everyone **no additional conflicts, not written down on this form will be allowed.**)

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*****Additional Releases information needed*****

WAIVER OF LIABILITY

Do you have any physical problems which would prevent you from doing strenuous physical activity? (bad back, knees, etc.) If yes, please list. _____

Do you have any allergies, or anything else we should be aware of? _____

I, _____, hereby release MHT, its staff, sponsors and the Board of Directors from any claims for damages or injuries suffered by me as a result of my participation in this activity.

If the actor is a minor....

I, _____, the legal parent or guardian of _____

Hereby consent to permit and accept responsibility for emergency medical treatment in the event of injury or illness.

Signature of participant and date

Signature of parent or guardian and date

PHOTO RELEASE

I hereby give my consent to have photos or video of me used for any publicity, marketing , or historical records deemed by the Market House Theatre to be necessary.

Signature of participant and date

Signature of parent or guardian and date