

Audition Form

(to be completed and brought to your audition)

rade:
essons,

- > Initial auditions will be held on Monday, Dec. 10 starting at 2:30. All students should be prepared for a general movement audition on Dec. 10. Please come with comfortable clothes and shoes. Dancers should also be prepared for a proper dance audition.
- > Callbacks will be held on Wednesday, Dec. 12. Not all students who indicate interest in a speaking role will be called back. Students should check the cast list for script instructions.
- Rehearsals will begin with a full cast music rehearsal on Thursday, 12/20 from 3-5 pm.
- Show performances will be March 14-16, 7:00 pm, & March 16, 2:00 pm.
- Rehearsals will generally run from 2:30 pm until 5:00 pm on Mondays, 3:00-5:00 Tuesdays and Thursdays, and 2:30 pm until 6:00 pm on Wednesdays (choreography focus). Full cast days will generally be Mondays and Wednesdays. In the 2-3 weeks prior to the show, full cast rehearsals may extend until 8 pm, and run Monday through Thursday.
- Absence from rehearsal must be communicated to Mrs. Hazlett prior to rehearsal. Three unexcused absences may result in removal from the cast. Theater is all about teamwork—we need everyone to honor his or her commitment!
- There will be a parent meeting on **Monday**, **Jan.** 7th at 7:00 pm for parents/guardians.
- We need lots of parent volunteers to bring a show together! Please visit the volunteer tab on synstheater.org to read over the volunteer/fundraising requirements and fill out the electronic acknowledgement form. Thank you in advance!
- > Please see the back of this form for contact information and to list scheduling conflicts.

Lunderstand the above requirements for being involved in the 2018-2019 production of Pippin, and

give my child permission to audition.	involved in the 2018-2019 production of F
Parent Signature:	Date:

Student Contact Information

Student name:						
Cell Phone:						
Email (non PDSD): _			-			
]	Parent/Eme	rgency Cont	act Informa	tion		
Parent/Guardian Na	me:					
Phone:		Email:				
Alternate Emergency	y Contact:					
Relationship to stud	ent:					
Phone:						
Please list any long-t	erm conflicts (vaca		es of occurrence: _			
MONDAY	TUESDAY	WEDNESDAY	THURSDAY		FRIDAY	
Medical Concerns: _	DO NOT					
SINGING 1 2	3 4 5	ACTI	NG/EXPRESSION	1 2	3 4	5
NOTES:				CALL	BACK?	