## TURN IN AT AUDITIONS

## (PLEASE ATTACH A HEADSHOT)

## JOSEPH AND THE AMAZING TECHNICOLOR DREAMCOAT AUDITION FORM

Name				
Date of Birth	Age	_ Height		$\Box$ FEMALE
Address	City		State	Zip
Home Phone	Cell Phone   TEXT			
Email Address	Prefe	erred method of c	ontact? $\square$ <b>TEXT</b> $\square$	EMAIL □ PHONE
Theatre Experience: (List most recent to	first; if more space is need	ded, please use ba	ack of this form.)	
Production:	Role or Jol	o:		When:
Which role(s) are you most interested				
If no, are you interested in helping beh				
Which vocal part do you usually sing?				
What song selection will you be singing	g?			
Dance experience:				
Other talents:				
Are you available for all show dates? (A	April 17, 18, 20, 21) 🗌 <b>Y</b>	ES NO ABSO	DLUTELY NO CONFLICTS A	APRIL 6 - SHOWDATES.
Please indicate all scheduling conflicts	including dates and times	s (use the back, if	necessary):	
If you are cast in this production, do w of the cast and crew as part of a conta	·	o distribute your r	name and telephone	number to the rest
THE PRODUCTION MANAGERS RESERVE REASON. INCLUDING BUT N	THE RIGHT TO EXCUSE ANY OT LIMITED TO FAILURE TO (			
By signing below, I understand that in audition personal commitment and I am prepared to part and name for publicity purposes; and that I will not listed as "conflicts" will be unexcused and possibly lead to your role being recast.	ticipate actively in the production Il not hold BCT liable for persor	on. I agree that I am v nal injury while partic	olunteering my time; that ipating in this production	BCT may use my image  All absences that are
<b>If auditioner is a minor,</b> the parent/legal guarathe end of each rehearsal or performance.	dian must sign below. You are	responsible for suppl	ying his/her transportatio	on within 10 minutes of
Signature/Parent or Legal Guardian	Printed Name		Date	