



St. Michael's Players - A.C.T Production Audition/Interview

Name: _____

Age: _____ Height: _____ Date of Birth: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Parent/Guardian Name(s): _____

Parent/Guardian Email(s): _____

Phone: _____ Parent Cell phone: _____ Can we text you? ☐ Yes ☐ No

Actors Cell Phone: _____ Can we text you? ☐ Yes ☐ No

Emergency Contact (nonparent/guardian): _____

Relationship: _____ Phone number: _____

In the event that you don't get a part in the musical would you still be interested in remaining involved with the production in any of the following areas?

- ☐ Greeter/Usher
- ☐ Refreshments/Sales
- ☐ Hair/Make-up
- ☐ Backstage
- ☐ Other? _____

Are you auditioning to be in the ensemble or for a specific role(s) in this production?

☐ Ensemble ☐ Specific role - what role(s): _____

If you are not cast in a major role would you accept a part in the chorus/ensemble? ☐ Yes ☐ No

Have you ever been in a St. Michaels production? ☐ Yes ☐ No

If yes, what show(s) and what role(s) did you have? _____

Have you ever performed on stage before? Please explain: _____

Do you have dance experience? Type of dance? # of years? _____

Have you ever spoken or read in front of a group?

☐ Yes

☐ No

Have you ever sung in front of a group?

☐ Yes

☐ No

Have you ever danced in front of a group?

☐ Yes

☐ No

Can you get across the stage on your own?

☐ Yes

☐ No

Do you use a walking device or wheelchair?

☐ Yes

☐ No

Can you speak clearly in sentences?

☐ Yes

☐ No

Do you use sign language?

☐ Yes

☐ No

Will you need any modifications to succeed in your role?

☐ Yes

☐ No

If yes, please explain: _____

Please look carefully at the rehearsal and performance schedule. At this time are there any rehearsals or performances that you will be unable to attend? ☐ Yes ☐ No

If yes, please list dates and/or times: _____

Anything else you need or wish to tell us at this time to complete the audition process? _____

THANK YOU!!