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Last Name

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First Name

# GCN 2018

## MUSICAL THEATRE DANCE AUDITION FORM

***Please fill this form out completely and bring it with you to auditions.  
A digital picture will be taken at auditions and attached.***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Primary e-Mail: \_\_\_\_\_ **(please print clearly)**

Casting Interests: \_\_\_\_\_

Previous Experience:

**NOTE:** Please carefully read the Casting/Scheduling information on the reverse of this form – ***some things have changed*** from previous years – and sign to indicate your understanding and agreement.

----- **PLEASE DO NOT WRITE BELOW THIS LINE**-----

Rater #1	Rater #2	Rater #3
Technique <input type="checkbox"/> R <input type="checkbox"/> B <input type="checkbox"/> G <input type="checkbox"/> W	Technique <input type="checkbox"/> R <input type="checkbox"/> B <input type="checkbox"/> G <input type="checkbox"/> W	Technique <input type="checkbox"/> R <input type="checkbox"/> B <input type="checkbox"/> G <input type="checkbox"/> W
Presentation <input type="checkbox"/> R <input type="checkbox"/> B <input type="checkbox"/> G <input type="checkbox"/> W	Presentation <input type="checkbox"/> R <input type="checkbox"/> B <input type="checkbox"/> G <input type="checkbox"/> W	Presentation <input type="checkbox"/> R <input type="checkbox"/> B <input type="checkbox"/> G <input type="checkbox"/> W
Check if Academies' Student <input type="checkbox"/>	Check if Academies' Student <input type="checkbox"/>	Check if Academies' Student <input type="checkbox"/>

Notes:

**CASTING CONSIDERATIONS AND REHEARSAL SCHEDULE (please read carefully and sign on the bottom line):**

Our hope is that all of you will be on our ministry team. The power and unique impact of our Gospel message comes from our massive, multi-generational, diverse, Body of Christ model, using theater as our delivery system. We want you with us, and, as in the past, there are several options for level of participation based upon your availability, interests and talents/experience.

Casting Requests: Please review that carefully and mark desired casting based on your ability to:

- sacrificially attend rehearsals indicated by your interest level
- attend TBA rehearsals in November when additional flexibility is needed
- make reasonable, infrequent accommodations to the schedule, once published, if necessary

Avoid Calendar: Please fill out the name/contact section and mark your absolutely inflexible avoid dates, including times, on the Avoid Calendar included with this packet. If selecting All Company only participation, please turn in your Avoid Calendar with your Participation Form. If auditioning for solo/ensemble vocal, dance or a speaking roles, turn in a fully-completed Avoid Calendar at your first audition. Avoid dates will be considered in casting and in creating the final schedule. Once casting is complete, you are expected to attend all rehearsals for your scenes -- only exceptions being dates listed on your original Avoid Calendar or unpredictable/urgent life events (e.g., sickness). If your availability changes after casting, it may be necessary to adjust your casting.

Final Rehearsal Schedule: Once casting is complete, dance/drama/music rehearsals will be detailed in a Final Rehearsal Schedule. This will be posted to the HyperOffice real-time electronic calendar and included in cast hard-copy handouts.

Please e-mail questions concerning casting requests, the Avoid Calendar or the rehearsal schedules to [academies@weag.org](mailto:academies@weag.org).

I understand and agree to fulfill the requirements of my casting to the best of my ability. I also will promptly notify Kathy Craddock ([academies@weag.org](mailto:academies@weag.org)), Andrea Walters ([awalters@amfamfit.com](mailto:awalters@amfamfit.com)) and my Group Leaders in the event my availability should change. I understand that a change in my availability may necessitate an adjustment in my casting.

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Signature

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Date