

Stissing Theatre Guild Audition Information

Cast Audition Information

**Matilda**

**All forms must be completed before your audition!!!!**

**PRINT CLEARLY PLEASE-WE NEED TO READ YOUR FORMS!!!**

**Bring them with you!!!!!!!!!!!!**

- Show dates are March 8, 9, 10, 2024
- All students in good academic standing are encouraged to audition!
- All auditionees are asked to audition with one of the pre-selected songs and the monologue. These can be found with the audition sign-up sheet in the High School Library
- Please sign up for one time slot on ONE day only. Arrive-15 minutes early and be prepared with your monologue and audition song—BRING YOUR SHEET MUSIC and MONOLOGUE WITH YOU!!!! **If there are no slots open either day you may sign up in the extra slot**
- BRING YOUR COMPLETED AND SIGNED REHEARSAL CONTRACT AND ANY OTHER FORMS IN THE AUDITION PACKET
- Everyone who is auditioning for the show should attempt the dance audition. You do not need to know how to dance. This will help the Director know where to start with you. Many of you will learn how to dance over the course of the rehearsal period.
- AUDITIONS -ARE CLOSED TO EVERYONE EXCEPT THE DIRECTOR, ASSISTANT, AND MUSIC DIRECTOR. Dance auditions/callbacks are open to watch. When filling out the rehearsal contract and including conflicts, please note that conflicts include but aren't limited to: prescheduled appointments, dance classes, school sports practices, games & events, non-school-related sports and activities, and mandatory class-related events and activities such as mock trial, attending a school board meeting, etc.
- IF YOU DON'T HAVE SPECIFIC DATES FOR ANY CLASSES, CLUBS, PRACTICES, GAMES, MANDATORY EVENTS, ETC. PLEASE NOTE ON THE CONTRACT, THAT YOU WILL HAVE SOMETHING COMING UP, SO WE CAN ACCOUNT FOR IT IN THE REHEARSAL SCHEDULE, BUT DO YOUR BEST TO PROVIDE DATES.
- Please do not agree to sing the National Anthem at games when you are scheduled for rehearsal. If you aren't sure, check with the Director or the Assistant to the Director or the Stage Manager before signing up to sing. You may not be able to leave rehearsal to sing even if it takes only a few minutes.

**Please go to [www.stissingtheatreguild.org](http://www.stissingtheatreguild.org) and click on forms for information on Parent/Guardian/Family expectations to help the program succeed**

# Cast Audition Contract

This show is open to students in grades 5-12.

Audition Date / Time \_\_\_\_\_

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Student E-mail address \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Parent/Guardian Phone \_\_\_\_\_ Cell \_\_\_\_\_

Parent E-mail address \_\_\_\_\_

Who is responsible for your transportation? \_\_\_\_\_

\*List previous drama, dance, and vocal experience \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What roles will you be auditioning for? \_\_\_\_\_

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**Please list below ANY and ALL possible conflicts you might have during the rehearsal process. If it is not listed below it will not be considered an excused absence. This includes all after school rehearsals, practices and appointments. If you think it might conflict, put it on the paper!! Anything that happens to fall on Tech Sunday or the week after would definitely be a conflict. Please do not agree to sing the National Anthem at games if you are scheduled to be at rehearsal. If you aren't sure, ask the Director, Assistant Director or Stage Manager.**

**Examples: mandatory class activities such as attending a school board meeting, activities such as mock trial, non-school related activities (dance, horseback riding, croquet matches, that trip to Aunt Tillie's house, college interviews etc.).**

Sports \_\_\_\_\_

Clubs \_\_\_\_\_

Mandatory Class Activities \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**EVERYONE MUST ATTEND ALL TECH WEEK REHEARSALS AND ALL PERFORMANCES**

**Tech Week: Sunday March 3, 2024 through the performances ending Sunday**

**March 10, 2024**

**FOR ALL STUDENTS AND PARENTS:**

I UNDERSTAND THAT ALL CONFLICTS LISTED ON THIS FORM WILL BE REVIEWED AND WILL BE TAKEN INTO CONSIDERATION FOR THE CASTING OF SHOW

I UNDERSTAND THAT ALL CONFLICTS MUST BE STATED AT THE TIME OF THIS INTERVIEW

## FOR ALL STUDENTS AND PARENTS:

I UNDERSTAND THAT I MAY BE OFFERED A PART EVEN THOUGH MY NAME IS NOT ON THE CALLBACK LIST

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NOTE THAT YOUR PARENT/GUARDIAN MUST SIGN THIS AUDITION FORM

By signing this form I, parent/guardian to \_\_\_\_\_ agree to pick up my child from all rehearsals. If your child is cast you MUST be available to chaperone for at least three rehearsals.

Parent/Guardian Signature \_\_\_\_\_

**Please go to [www.stissingtheatreguild.org](http://www.stissingtheatreguild.org) and click on forms for information on Parent/Guardian/Family expectations to help the program succeed**

By signing below, I agree to attend all rehearsals and perform to the best of my ability and act in a professional manner at all times. I also agree to accept any part even if it is not the one I am auditioning for

Student signature \_\_\_\_\_

I will accept an understudy role YES NO (please circle)

**\*\*Please note that school policy states that any student who is failing two subjects or more cannot participate in school related events.\*\***

\*\*The Stissing Theatre Guild will be taking photographs to submit to local papers for publicity and for use in yearbooks, cast picture and possibly other local advertising. If you **do not** want your child's picture used for the above, please indicate and sign below.

\_\_\_\_\_ I do not wish to have my child's photo used for publicity or otherwise.

\_\_\_\_\_

Parent/Guardian (SIGN ONLY IF YOU DO NOT WANT PHOTO USED)

Stissing Theatre Guild  
Emergency / Medical Form

Students Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

Emergency Contact if Parents/Guardian cannot be reached:

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

Hospital Preference: \_\_\_\_\_ Family Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

Conditions that the STG Director should be aware of:

Please list: \_\_\_\_\_

Any Allergic Reactions to Medications: (yes) (no)

Please list: \_\_\_\_\_

Any Allergies: (yes) (no) Please list \_\_\_\_\_

Signs and symptoms to look for: \_\_\_\_\_

Does the student carry an epi pen? (yes) (no)

Can the student use the epi pen independently? (yes) (no)

Other Concerns the Doctor should know about: \_\_\_\_\_

*In the event I am unavailable or cannot be reached in an emergency situation, I hereby give the authorization to the: Director to act on my behalf and further give permission to the responding emergency squad, doctor, or emergency room attendant to treat my son/daughter if I am not present.*

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_