



WEST SIDE STORY Audition Form

Please attach
Photo of
yourself
here

Name: _____ Male/Female: _____
 Email: _____ Age: _____
 Phone: _____ Height: _____
 Hair Color: _____ Vocal Range: _____

Are you auditioning for a specific role? _____
 Will you accept any other role if not cast in this specific role? _____

Please list any performing experience you have on the back of this paper or attach a resume:

Auditions (April 18, 7-10 PM and April 19, 6-10p) and Call Backs (April 21, 8a-1p) will be held at Early Light Academy (11709 Vadiana Dr/5115 W). Bring this audition form to the auditions on April 18. Bring this form and sign up for an audition time by emailing your time preference, name, and age to: contact@kensingtontheatre.org beginning April 9. You will get an email confirming your time. You can also call the box office for an audition time (385-246-3707) beginning April 9.

- Rehearsals will be Mondays, Tuesdays, Wednesdays and Thursdays (6-10/11 PM) and Saturdays (8 AM – 5 PM). The amount of rehearsals you need to attend will depend on the part you are cast in. We will not rehearse May 25-June 1.
- Performances are June 15, 16, 18, 22, 23, 25, 29 & 30 at 7p, 2018 at 7:00 PM at Early Light Academy.

Please list any conflicts you may have below. Any conflicts not listed will not be excused. Two unexcused absences will forfeit your part in the production.

I, _____, commit myself to all my scheduled rehearsals and performances. I understand that two unexcused absences will forfeit my part in the production. I release Kensington Theatre and Early Light Academy and their employees from liability during the rehearsals and performances of *WEST SIDE STORY*.

Media Waiver: I hereby grant permission to be photographed, recorded and filmed, voluntarily and without compensation, by Daybreak Community Theatre/ Kensington Theatre, understanding that the same is intended for publication by print media, newspaper, television, video, or motion picture and understand the images and recordings taken herein are the property of Daybreak Community Theatre/Kensington Theatre and that the rights to said property are surrendered as a condition of my participation in this event. I additionally consent to the use of my name in connection with the publication by print media, newspaper, television, video, or motion pictures of photographs taken of me during *WEST SIDE STORY*.

Deposit Disclosure: I understand if selected as cast member for *WEST SIDE STORY* there is a required deposit of \$50.00 in the form of a check that WILL NOT be deposited. The check will be destroyed at the end of the production when all scripts, costumes, and other materials are returned to Kensington Theatre and upon completion of the required service hours outlined in the Cast Member Code of Conduct Contract which you will receive at the first cast meeting, if cast.

Break-a-leg! ~Kensington Theatre

_____	_____	_____
(Print Auditioner's Name)	(Auditioner's Signature)	(Date)
_____	_____	_____
(Guardian/Parent's Name if under 18)	(Guardian/Parent's Signature if under 18))	(Date)