



Suffield Players Audition Form for _____
Performances on _____ at 8 pm, _____ at 2 pm

Name _____

Address _____

Phone: Primary: _____ Other: _____

E-mail _____ Other _____

Would you like to be on our mailing list? Yes ___ No ___ Already On ___

Would you like to be on our list for casting of Staged Readings? Yes ___ No ___ Already on ___

How did you hear about auditions? _____

Age / Range _____ Height _____ Hair Color _____ Eye Color _____

Do you Sing? Yes Range _____ No Play Instrument ?Yes what? _____ No

Previous Experience in Performing Arts or related areas, if any (tell us about you!!) _____

Would you like to volunteer for The Suffield Players in another capacity for other productions? Yes ___ No ___

If yes, please indicate your preference(s):

- | | | |
|----------------|----------------------|--------------------------|
| Usher ___ | Lights ___ | Costumes ___ |
| Backstage ___ | Sound ___ | Refreshments/Canteen ___ |
| Box Office ___ | Set Construction ___ | Set Dressing ___ |
| Hall Setup ___ | Painting ___ | Publicity / Program ___ |

Social Media Thank You: We would be most grateful if you would **not create groups/pages/blogs/events specifically for **the current show** on your own. The group generates photos, graphics, cast and rehearsal information, a performance event, etc. for you, and would be delighted if you would share these, or anything about your participation in your personal social media contexts **without creating your own production site for this show per se**. Thank you most kindly for respecting our wishes in this matter!*

**Please also be advised that photos of you, taken during the rehearsal/performance process, will be used for print and online publicity for the Suffield Players. Please contact Mary Fernandez-Sierra at thesuffieldplayers@gmail.com with any questions or concerns regarding photographs/publicity.*

Will you accept any role you are offered? Yes ___ No ___ Role Preference? _____

Additional Notes from You (anything the Producers/Directors should know) _____

Date _____ Signature _____

Please initial here that you have completed "Availability Calendar" on reverse side of this form. _____