



**Stained Glass Theatre Joplin**

*Serving Christ and the Community  
Through the Arts*

## AUDITION FORM

**PRODUCTION:** \_\_\_\_\_

### Personal Information

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent Name (if child is auditioning) \_\_\_\_\_ Parent Phone \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Height \_\_\_\_\_ Hair Color \_\_\_\_\_

What church do you attend most often? \_\_\_\_\_

How did you hear about this audition? \_\_\_\_\_

### Why do you want to be part of this production?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### What role(s) would you like to be considered for? Why?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Would you be willing to accept the director's vision to see you in a different role? *(share any comments)*

Yes  No

### If you are not cast in an on-stage role, are you willing to work in other aspects of the production? *(check all that apply)*

- |   |                                  |                                     |   |
|---|----------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Backstage Hand   | <input type="checkbox"/> Props   | <input type="checkbox"/> Sound      | <input type="checkbox"/> Costume Hand           |
| <input type="checkbox"/> Set Construction | <input type="checkbox"/> Make-Up | <input type="checkbox"/> Lights     | <input type="checkbox"/> Sewing                 |
| <input type="checkbox"/> Painting         | <input type="checkbox"/> Hair    | <input type="checkbox"/> Janitorial | <input type="checkbox"/> Other (please explain) |

### Would you be willing to change your appearance for a role? *(check all that apply)*

- |                                    |                                      |  |   |
|------------------------------------|--------------------------------------|--|---|
| <input type="checkbox"/> Cut Hair  | <input type="checkbox"/> Perm Hair   | <input type="checkbox"/> Shave Moustache     | <input type="checkbox"/> Wear a Wig             |
| <input type="checkbox"/> Grow Hair | <input type="checkbox"/> Shave Beard | <input type="checkbox"/> Grow Moustache      | <input type="checkbox"/> Other (please explain) |
| <input type="checkbox"/> Dye Hair  | <input type="checkbox"/> Grow Beard  | <input type="checkbox"/> Dye Beard/Moustache |   |

*Note: Please don't change your appearance during the audition process or, if cast, without the approval of the director.*

**List your prior on-stage or theatrical production experience if any. (include musical, dance or other artistic experience/talents)**

**List all work, school or other schedule conflicts you may have with rehearsals or performance dates.**

*Note: The typical rehearsal schedule between auditions and opening night is M, T, TH & F evenings with possible Saturday or Wednesday evenings added as needed. Productions are held TH, F, S evenings and Sunday afternoons for two weekends. Depending on your role, you may not be required at every rehearsal, however the schedule will not be finalized until the director sees the conflicts each actor lists so it is very important that you list ALL possible conflicts between now and the end of the production so rehearsals can be scheduled accordingly.*