

THE HISTORIC COCOA VILLAGE PLAYHOUSE 34 Seasons of "Broadway on Brevard" AUDITION APPLICATION **THE PLAY THAT GOES WRONG**

PLEASE FILL OUT THIS FORM USING A PEN. MAKE SURE WE CAN CLEARLY READ YOUR INFORMATION!

Name (Last)	(First)	Current Age	Height	Weight	Employment / Schooling
Telephone (Day)	(Cell)		Email Address (Print Clearly)		
Address	City		State	Zip	
Check here if you are	a "Gold Star Performer" (Your r	name is on a plaque in the	lobby for consec	utive shows a	as a volunteer performer)
List specific role(s)	desired:				
Will you accept any	<i>role?</i> Yes No (Circle	One) Will you accept	pt being double	e cast? Ye	s No (Circle One)
	an understudy? Yes No			_	
Do you have:	Dramatic Training? Yes N	lo (Circle One) List where an	nd how long		
NOTE: The Director is a	committed to working with you o he key to the success of this, is to	on your scheduling conflict	s if they are not	so many that	
• Are you presently	y cast in another production	? If y	es, where and	what are the	he performance and
rehearsal dates					
-	ing for another production bace dates?				If yes, where and wha
	conflict dates between nov al space, you may write additiond			ill NOT be	e available:
	ing arts experience (attach	resume if available):			
Previous perform					
	otional conditions of which	the Director needs to	be aware?		

performances. I acknowledge that I am in good physical shape and that most roles will require varying amounts of crawling, climbing up and down a ladder, lifting, running, falling and/or performing at heights. Due to the evolving nature of certain illnesses, masks may be required for all performers during the rehearsal process and backstage for performances. In the unlikely event of an outbreak of illness, by signing this document, you agree to wear a mask if required and follow all other mitigation efforts necessary to help prevent the spread illnesses.