



36 Seasons of "Broadway on Brevard"
AUDITION APPLICATION
ANNIE

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 name is on a plaque in the lobby for consecutive shows as a volunteer performer)

List specific role(s) desired: _____

Will you accept any role? Yes No (Circle One) Will you accept being double cast? Yes No (Circle One)

Will you accept being an understudy? Yes No (Circle One) Will you accept being a swing? Yes No (Circle One)

Do you have: Vocal Training? Yes No (Circle One) _____

List where and how long

Dramatic Training? Yes No (Circle One) _____

List where and how long

Dance Training? Yes No (Circle One) _____

List where and how long

Do you Tap Dance? Yes No (Circle One) *If so, do you own your own tap shoes? Yes No (Circle One)* _____

NOTE: The Directors are committed to working with you on your scheduling conflicts if they are not so many that the product of our musical is affected. The key to the success of this, is to provide as much information below as possible.

- Are you presently cast in another production? _____ If yes, where and what are the performance and rehearsal dates _____
- Are you auditioning for another production between now and December 14, 2025 _____ If yes, where and what are the performance dates? _____
- List any potential conflict dates between now and December 14, 2025, which you will **NOT** be available:
If you need additional space, you may write additional conflicts on the back of this form. Please indicate if any dates include technical rehearsals or performances (i.e. Every Friday – The exception being Technical Rehearsals and Performances) _____
- Previous performing arts experience (attach resume if available): _____
- Do you have additional special skills? (i.e. Juggling, Skateboarding, Acrobatics, etc): _____
- Any health or emotional conditions of which the Directors need to be aware? _____
- Additional information you would like the Directors to know: _____

I understand and agree that if I am cast, it is my responsibility to be on time and attend rehearsals and performances. Excused absences may be obtained in advance from the Directors. It is also my responsibility to learn the material and be prepared for rehearsals and performances. 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.

Signature _____ Telephone (Print Clearly) _____ Date _____