

OVER =>

920-886-6060

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ALL SHOOK UP - Audition Information

NAME:	_PRONOUNS	:	_AGE:	_HEIGHT:
ADDRESS:		_CITY:		_ZIP:
EMAIL ADDRESS:				
PREFERRED PHONE:				
CASTING				
VOCAL RANGE:				
FOR WHICH ROLES ARE YOU AUDIT	IONING?			
LIST ANY ROLE(S) YOU WILL NOT A	CCEPT:			
WILL YOU ACCEPT A ROLE IN THE E	NSEMBLE?	YES	NO	
<u>SKILLS</u>				
DO YOU PLAY GUITAR? YES	NO	IF YES, HOW	V WELL?	
RATE YOUR DANCE SKILL ON A SCALE OF 1 TO 5. 1 - I'm more of a park 'n bark type, prefer not to dance. 2 - It takes me a while to learn but I can manage with good support. 3 - I am a "strong mover," as they say in the biz. 4 - I'm a solid dancer, though some things may take me time to lock down. 5 - I'm extremely competent, fast learner, capable of being a dance captain. I HAVE THE FOLLOWING SPECIAL SKILLS (ex. whistling, dance tricks, etc)				
THAVE THE FOLLOWING SPECIAL SI	KILLS (ex. whi	stling, dance t	ricks, etc)	
COSTUMES SHIRT SIZE: PANTS SI	ZE	SHOF	E SIZE:	
ARE YOU WILLING TO CUT, GROW, (

LIST THE MOST RECENT SHOW/ROLE YOU PERFORMED:
LIST UP TO YOUR THREE FAVORITE PREVIOUS EXPERIENCES/ROLES ON STAGE:
DO YOU HAVE ANY RESTRICTIONS REGARDING ON-STAGE INTIMACY? (Some characters in this show must kiss on-stage.)
DO YOU HAVE ANY RESTRICTIONS REGARDING CLOTHING? (For example, I prefer not to bare my midriff, or I am not comfortable wearing shorts, I regularly wear a head covering, etc.)
PLEASE REVIEW REHEARSAL SCHEDULE AND LIST ANY CONFLICTS WITH REHEARSAL / PERFORMANCE DATES:
PLEASE LIST ANY MEDICAL CONDITIONS THAT MAY AFFECT MOVEMENT OR OTHERWISE AFFECT YOUR ABILITY TO ACCEPT A PART, IE. BACK PROBLEMS, WEIGHT RESTRICTION, ETC. (This will not affect you being cast.):