



Audition Form

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Email: _____ Best # to reach you at: _____

Height: _____ Age: _____ Ages you can play: _____

Part(s) for which you are auditioning: _____

Would you accept another role? Yes No Comments: _____

Please be sincere. It's o.k. to answer no if that's what you really mean.

Theatrical Training: (Acting, Voice, Dance, Technical, Etc.) Attach resume if needed. _____

Theatrical/Musical Experience (when, where,, etc.-most recent first) _____

Special skills or training (gymnastics, painting, play instrument, etc.) _____

Are you interested in assisting with technical work on this show? Yes No If yes, doing what?
(backstage, costumes, painting, set construction, etc.) _____

Please list any conflicts you have (e.g. dance every Tues 6-6:45, Vacation 6/5-6/10).

Any health conditions or special needs we should be aware of? _____

I sing: (check one if applicable, if not sure leave blank) Soprano ____ Alto ____ Tenor ____ Bass ____

Liability Release: I release, forever discharge, and agree to hold harmless Gallery Players of Oregon, and the representatives thereof, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses of any nature whatsoever which may be incurred in the course of participation in Gallery activities. I understand that I may be photographed and/or video-taped during Gallery activities and that those images may be used for the promotion of Gallery Theater in printed material, video presentations and/or on the theater website.

Name (Print) _____

Signature: _____ Date: _____

Parent/Guardian Signature (if minor): _____ Date: _____

Voluntary COVID Vaccination Disclosure: Gallery Theater is no longer requiring Proof of vaccination or Weekly Negative COVID testing to participate in a production. However it is still helpful for staff to be aware of vaccination status incase of possible exposures. We encourage you to fill out the optional section below to voluntarily disclose your vaccination status.

Yes I am fully vaccinated for COVID 19 ____ I am partially vaccinated for COVID 19 ____

I have not received the COVID 19 vaccine ____

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SPACE FOR DIRECTOR NOTES
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