

School of Rock AUDITION FORM

If you brought a photo and or resume, please attach to this form.
PLEASE FILL OUT CONFLICT CALENDAR AND HAND IN BEFORE YOU LEAVE.

Actor's Name: _____ Birthdate: _____

Actor's E-mail: _____ Actor's cell: _____

Parent Name: _____ Parent Cell: _____

Parent e-mail: _____

NOTE: To be notified of callbacks and casting you MUST provide a LEGIBLE email IF YOU HAVE NO EMAIL ACCESS PLEASE NOTE AND YOU WILL BE CALLED.

Vocal Range (if you know it) _____ Experience singing harmony? (please circle): YES NO

Do you have experience in singing, dance or musical theatre? Please list (or attach resume):

What is the name of the song you will be performing today? _____

IMPORTANT Please think carefully before answering the following: List the roles you'd like to play (in order of preference):

1. _____ 2. _____
3. _____ 4. _____

If I don't get cast in one of the above roles I **WILL** accept an Ensemble/Chorus part..... YES NO
(Please be honest, your answer will NOT affect casting or future casting!)

I will take any part offered including Ensemble/Chorus..... YES NO
(Please be honest, your answer will NOT affect casting or future casting!)

I'm aware of \$775 tuition if cast in this production..... YES NO

I CANNOT participate in the show without a 25%/50% scholarship YES NO
Circle YES if you MUST have a scholarship /Circle NO if you don't require a scholarship

ADULTS ONLY: I understand I must be fingerprinted if cast, to work with minors. I agree to get this done in timely fashion (before the first combined rehearsals) and that Spindrifft will reimburse the cost. _____ (initial)

(Scholarships do not determine casting. You may request a scholarship by email, the application must be turned in by 6 PM 8/27. Email the office info@spindrifftschool.org for a form. Casting is done separately from Scholarship so someone may get a scholarship but not be cast or be cast but not get a scholarship.)

SCHOOL OF ROCK 2023 CONFLICT CALENDAR

Please circle ALL dates you CANNOT attend rehearsal

STUDENT SCHEDULE

ADULT SCHEDULE

Name: _____

DATE	TUE		DATE	TUE
JANUARY				
10	4:30-7:30pm			
17	4:30-7:30pm			
24	4:30-7:30pm			
31	4:30-7:30pm			
DATE	FRI		DATE	TUE
FEBRUARY				
7	4:30-7:30pm			
14	4:30-7:30pm			
21	No rehearsal			
28	4:30-7:30pm			
DATE	FRI		DATE	TUE
MARCH				
7	4:30-7:30pm			
14	4:30-7:30pm			
21	4:30-7:30pm			
28	4:30-7:30pm			
DATE	FRI		DATE	TUE
APRIL				
4	No Rehearsal		4	6:30-9pm
11	4:30-7:30pm		11	6:30-9pm
18	4:30-7:30pm		18	6:30-9pm
25	4:30-7:30pm		25	6:30-9pm
DATE	FRI		DATE	TUE
MAY				
2	4:30-7:30pm		2	6:30-9pm
8	4:30-7:30pm		8	6:30-9pm

All actors must be upfront with ALL conflicts.

Conflicts MUST be in writing on this conflict calendar prior to auditions and the first rehearsal.

Actors with too many conflicts may not be cast. There may be some exceptions made on an individual basis. Additional conflicts arising after this form is turned in may result in roles being changed or modified.

I (with my parents/guardian) have read and agree to all the above info. I have also stated ALL conflicts.

Student's signature: _____

Parent's signature: _____

Adult Actors: _____

MAY						
SUN	MON	TUE	WED	THUR	FRI	SAT
REHEARSALS AT SPINDRIFT THIS WEEK	15 Kids 5-9 Adults 6-9	16 Kids 5-9 Adults 6-9	17 Kids 5-9 Adults 6-9	18 Kids 5-9 Adults 6-9	19 Kids 5-9 Adults 6-9	20
REHEARSALS AT SKYLINE THIS WEEK	22 Kids 5-9 Adults 6-9	23 Kids 5-9 Adults 6-9	24 Kids 5-9 Adults 6-9	25 Kids 5-9 Adults 6-9	26 Call 6PM SHOW 7PM	27 Call 1PM SHOW 2PM Call 6 PM SHOW 7PM
12 1pm call 2pm SHOW STRIKE						