



**AUDITION SHEET**

(Please PRINT and provide as much information as possible.)

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ I usually wear a size: \_\_\_\_\_

Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_ Voice Part (circle): S A T B Don't know

Experience: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I would like to audition for a role that is: (circle preference or both)

**Film** (Med/Low commitment- about 5 days max on weekends for shooting and studio recording)

**Theater** (High commitment- mandatory rehearsals, some filming, understudy work)

Please list conflicts between May 1<sup>st</sup> and October 16<sup>th</sup> \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If I accept a role in *Evenings in Quarantine: The Zombie Opera*, I am agreeing to the time commitment for the filming schedule **May 1<sup>st</sup> through mid July** and/or the theater schedule of attending mandatory rehearsals beginning **September 24 through October 16<sup>th</sup> 2010** and will allow additional time to schedule voice-recording at the studio.

Signature \_\_\_\_\_

**(If under 18 years old)**

I understand that my child is auditioning for the horror opera *Evenings in Quarantine: The Zombie Opera*, and acknowledge that at the discretion of the artistic directors and staff, my child may appear on screen/stage to be heavily wounded, dead, or as a zombie.

Guardian Signature \_\_\_\_\_