



CARMEL COMMUNITY PLAYERS

AUDITION FORM (play)

Production	Drop Dead!	Dates	Dec 4-13
Director	Elizabeth Ruddell	Venue	The Cat (254 Veterans Way, Carmel, IN 46032)

Today's Date: _____

First Name: _____ Last Name: _____ Preferred Pronouns: _____

Address: _____

City: _____ Zip: _____ E-mail: _____

Primary Phone: _____ Additional Phone: _____ Receive Texts? _____

Role(s) for which you are auditioning:

Will you accept another role? Yes _____ No _____

(If no theatrical resume attached) Please list any relevant performance experience, beginning with the most recent:

PRODUCTION	THEATRE	YEAR	ROLE	DIRECTOR

Please list the times you are available for rehearsals:

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM	_____	_____	_____	_____	_____	_____
PM	_____	_____	_____	_____	_____	_____

Please list ALL CONFLICTS HERE (special dates/times unavailable):

Performances run for two weekends, totaling at 7 performances. Will you be available for all scheduled performances?

1st Weekend: Friday at 7:30pm, Saturday at 7:30pm, Sunday at 2:30pm

*2nd Weekend: Thursday at 7:30pm, Friday at 7:30pm, **Saturday at 2:30pm**, Sunday at 2:30pm*

Yes _____ No _____

If ticket sales appear higher than usual, an additional performance might be scheduled. Would you be available for a 2:30 pm matinee *and* a 7:30 pm evening performance on the 2nd Saturday?

Yes _____ No _____

Other aspects of production that you would accept (check as many as applicable):

- | | | |
|---|---|---|
| ☐ Set Construction | ☐ Lighting | ☐ Stage Management |
| ☐ Set Painting | ☐ Sound | ☐ Hair/Makeup |
| ☐ Set Decoration | ☐ Props | ☐ Costumes |
| ☐ House/Usher | ☐ Backstage/Run Crew | ☐ Dramaturgy |
| ☐ Other: _____ | | |

AGREEMENT:

If selected to participate in this production, I agree to follow all Carmel Community Players, Inc. guidelines pertaining to Performers/Crew/Volunteers. If selected as a performer, I agree to attend in a timely fashion all rehearsals for which I am called, and to Participate in other aspects of production as needed. I understand that failure to comply with these guidelines may result in my replacement.

Signed: _____ Date: _____