

Audition Contract **The Addams Family**



PRINT EVERYTHING LEGIBLY IN BLUE OR BLACK INK

Name: _____

Height: _____ Hair Color: _____ Age: _____

Mailing Address: _____

(Street)

(City)

(State)

(Zip Code)

Email: _____

Home Phone: _____ Cell Phone: _____

SECOND TERM CLASS SCHEDULE / A-Day Class Schedule

Class	Teacher
1.	
2.	
3.	Lunch: 1 st 2 nd 3 rd 4 th 5 th
4.	

***B-Day Class Schedule (IB Only)**

Class	Teacher
1.	
2.	
3.	Lunch: 1 st 2 nd 3 rd 4 th 5 th
4.	

Prior Acting/Dancing Roles (Please list those performed at DCHS first):

<u>Character</u>	<u>Production</u>	<u>Location</u>
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Special Skills/Training/Hobbies that would be helpful in this production (juggling, acrobatics, etc...):

Rehearsal Schedule (Subject to change):

- **Dance Rehearsals on Saturdays.....9:00 a.m. – 11:00 a.m.**
- **Monday rehearsals.....4:00 p.m. – 5:30 p.m.**
- **Tuesday, Thursday.....4:00 p.m. – 5:15 p.m.**
- **Tech Week (2/20, 2/21).....4:00 p.m. – 7:00 p.m.**
- **Tech Saturday (2/22, *2/29).....9:00 a.m. – 1:00p.m.**
- **Tech Week Cont. (2/24, 2/25, 2/26, 2/27, 2/28).....4:00 p.m. – 7:00 p.m.**
- **Dress Rehearsals (3/2, 3/3, 3/4).....4:00 p.m. – 8:00 p.m.**

Performance Dates:

➤ **March, 5th, 6th, 7th @ 7:00 p.m. & March 7th, 8th @ 2:00 p.m.**

Conflicts – You must list all conflicts now (Vacations, religious holidays, field trips, other rehearsals, club meetings, sports, band, chorus, birthday parties, jobs, etc...). Other conflicts cannot be added once rehearsals have begun. If a conflict arises, for any reason, after the cast list is posted you must have the conflict in writing and give this to Mr. Stephens at least 1 week prior for approval.

****Any person auditioning, having conflicts from January 8 – March 8, 2020 will not be cast in the show.****

Work/Practice/Church/Sports/Other Activities Schedule

Activity	Day(s)	Time

Special Events, holidays, etc...(one time absences such as a wedding, birthday party or vacation.)

Activity	Day(s)	Time

***Allergies, Food Allergies or other health requirements you think we should know about (Allergies to medicines, food, soaps, etc...):**

<u>Allergies/Food Allergies/Health Requirements</u>	<u>Description</u>

Rides (check only one):

- I have a valid drivers license and a car and I will be driving myself to / from rehearsal.
- My parents have a flexible schedule and will be prompt in dropping me off /picking me up from rehearsal.
- I rely on the bus to get me to / from school.

I agree to abide by all of the guidelines set forth for me in the Audition Requirements. I affirm that the above information is complete and truthful.

(Please Print)

Student
Name _____ Date: _____

(Please Print)

Parent/
Guardian
Name _____ Date: _____

Student
Signature _____ Date: _____

Parent/
Guardian
Signature _____ Date: _____