

Bloomfield Players Community Theatre

Audition # _____
(Staff only)

Seussical the Musical Audition Form

First name _____ Last name _____

Address _____

City _____ State _____ Zip _____

Telephone:

Home _____ Work _____ Mobile _____

E-mail address:

Primary _____ Secondary _____

Minors only:

Parent's name _____ Telephone _____

E-mail _____

Telephone number for casting decision: Home Mobile Parent's
(Circle one)

Age (if under 18) _____ Sex: Male Female Height _____
(Circle one)

Vocal range _____ Do you read music? _____

Roles auditioning for: 1st Choice _____ 2nd Choice _____

	YES	NO
Would you accept another role?		
Are you or have you ever been a Bloomfield Players Member?		
If cast, would you cut, dye your hair, shave your beard or mustache if needed?		
I check my e-mail daily		

Please list any Drama/Improv Experience or Training; Singing/Choral Experience; Ability to Play an Instrument; and any Special Skills (juggling, acrobatics, hula-hooping, etc.)

How did you hear about the auditions? (Bloomfield Players email; Social Media; Bloomfield Hills school newsletter; Friend/Family; other)

When you join BP you are making a commitment to help out behind the scenes to assure that the production will be a success. Please indicate the activities which you or an adult family member are willing to work on now or in the future.

- | | | |
|---|--|--|
| <input type="checkbox"/> Director | <input type="checkbox"/> Props | <input type="checkbox"/> Rehearsal Pianist |
| <input type="checkbox"/> Assist. Director | <input type="checkbox"/> Sound | <input type="checkbox"/> Program |
| <input type="checkbox"/> Producing | <input type="checkbox"/> Lighting | <input type="checkbox"/> Tickets |
| <input type="checkbox"/> Asst. Producing | <input type="checkbox"/> Costuming | <input type="checkbox"/> Concessions |
| <input type="checkbox"/> Choreography | <input type="checkbox"/> Set Construction | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Music Direction | <input type="checkbox"/> Set Design/Painting | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Vocal Director/Coach | <input type="checkbox"/> Make-up | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Orchestra | <input type="checkbox"/> Ushering | <input type="checkbox"/> Party Planning |
| <input type="checkbox"/> Stage Manager | <input type="checkbox"/> Publicity | <input type="checkbox"/> Chaperoning |
| <input type="checkbox"/> Stage Crew | <input type="checkbox"/> Advertising | <input type="checkbox"/> Anywhere Needed |

CONFLICT CALENDAR

Please circle on the calendar below all dates on which you are NOT available for rehearsal.

<p style="text-align: center;">NOVEMBER</p> <table border="0" style="width: 100%; text-align: center;"> <tr> <td>Su</td><td>M</td><td>Tu</td><td>W</td><td>Th</td><td>F</td><td>Sa</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td>7</td><td>8</td><td>9</td><td>10</td><td></td><td></td> </tr> <tr> <td></td><td>14</td><td>15</td><td>16</td><td>17</td><td></td><td></td> </tr> <tr> <td></td><td>21</td><td>22</td><td>23</td><td></td><td></td><td></td> </tr> <tr> <td></td><td>28</td><td>29</td><td>30</td><td></td><td></td><td></td> </tr> </table> <p style="text-align: center;">JANUARY</p> <table border="0" style="width: 100%; text-align: center;"> <tr> <td>Su</td><td>M</td><td>Tu</td><td>W</td><td>Th</td><td>F</td><td>Sa</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td>9</td><td>10</td><td>11</td><td>12</td><td></td><td></td> </tr> <tr> <td></td><td>16</td><td>17</td><td>18</td><td>19</td><td></td><td></td> </tr> <tr> <td></td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td> </tr> <tr> <td></td><td>30</td><td>31</td><td></td><td></td><td></td><td></td> </tr> </table>	Su	M	Tu	W	Th	F	Sa									7	8	9	10				14	15	16	17				21	22	23					28	29	30				Su	M	Tu	W	Th	F	Sa									9	10	11	12				16	17	18	19				23	24	25	26	27	28		30	31					<p style="text-align: center;">DECEMBER</p> <table border="0" style="width: 100%; text-align: center;"> <tr> <td>Su</td><td>M</td><td>Tu</td><td>W</td><td>Th</td><td>F</td><td>Sa</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td>1</td><td></td><td></td> </tr> <tr> <td></td><td>5</td><td>6</td><td>7</td><td>8</td><td></td><td></td> </tr> <tr> <td></td><td>12</td><td>13</td><td>14</td><td>15</td><td></td><td></td> </tr> <tr> <td></td><td>19</td><td>20</td><td>21</td><td>22</td><td></td><td></td> </tr> </table> <p style="text-align: center;">FEBRUARY</p> <table border="0" style="width: 100%; text-align: center;"> <tr> <td>Su</td><td>M</td><td>Tu</td><td>W</td><td>Th</td><td>F</td><td>Sa</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td>1</td><td>2</td><td>3</td><td>4</td> </tr> <tr> <td></td><td>5</td><td></td><td>8</td><td></td><td>10</td><td></td> </tr> <tr> <td></td><td>12</td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	Su	M	Tu	W	Th	F	Sa												1				5	6	7	8				12	13	14	15				19	20	21	22			Su	M	Tu	W	Th	F	Sa											1	2	3	4		5		8		10			12					
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******YOU MUST ATTEND BOXED DATES******

If you leave the calendar blank, we will assume that you are available every rehearsal evening from November 7 through the closing performance.

Enter Additional Conflict Detail Below

Such as "arriving late...Leaving Early"

RELEASE: By signing below, I authorize Bloomfield Players to use any photos or recordings that may include me or my child for promotion including but not limited to: radio, television, printed or website published documents solely for the specific use of Bloomfield Players Community Theatre.

Check here if you do **NOT** wish to be added to BP's mailing list for notification of future productions and other matters. *I understand that I may unsubscribe from the list at any time.*

I grant permission for my: Email Cell Phone Home Phone Address to be included on this production's contact list. *(Available to Cast Members Only)*

Signature of Auditorer or Parent: _____ **Date:** _____

(Parent signature required for children under the age of 18)

Print name of person signing: _____