

Theatre NDSU

Casting Information Sheet

Name: _____

Pronouns (ex. she/her, he/him) _____

Address: _____

Age: _____

Vocal Range: _____ to _____

Phone: cell – (____) - _____

Circle:

local – (____) - _____

Soprano Mezzo Alto

work – (____) - _____

Tenor Baritone Bass

Email: _____

Hair color: _____

Please answer the following questions.

Are you currently enrolled as an NDSU student?	Yes	No
Are you a Theatre Arts major or minor?	Yes	No
Are you auditioning simply for experience?	Yes	No
Will you accept ANY role in which you are cast?	Yes	No
Are you available for Callbacks? **If you are not at callbacks, you <i>may</i> not be considered for a role.**	Yes	No
Are you willing to change your appearance for this show (cut or dye hair, shave facial hair, etc.)?	Yes	No
Would you be available for occasional promotional trips (radio spots, TV, newspaper interviews, live promos, etc.)? All times and locations TBA .	Yes	No
If cast, you will be expected to sign up for THEA 210. Will you accept the responsibilities for this course which include: rehearsals, performances, work weekend, strike, etc.?	Yes	No
Can you play any musical instruments/whistle?	Yes	No
If yes, what can you play <u>AND</u> how many years experience?:		
Would you be willing to help with any technical aspects if not cast?	Yes	No
If yes, which area(s) would you be interested in? (circle all that apply)		
Asst. Stage Mgr.	Asst. to the Director	Lights
Sound	Running Crew	
Makeup	Costumes	Props
Publicity	Set Construction	
Dance experience: Beginner Intermediate Advanced		

OVER

Briefly list performance experience including VOCAL and/or DANCE training (**or attach resume**):

----- Please list ANY conflicts you may have (*including weekends, family events, academic work, etc.*) -----

Please be as specific and complete as possible when listing conflicts.

The rehearsal schedule will be developed with the information you provide TODAY.

Block out and label any regular *weekly* conflicts such as work or class.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1:00pm							
1:30							
2:00							
2:30							
3:00							
3:30							
4:00							
4:30							
5:00							
5:30							
6:00							
6:30							
7:00							
7:30							
8:00							
8:30							
9:00							
9:30							
10:00							
10:30							
11:00							

Please sign your name if you have thoroughly reviewed the casting information sheet and answered everything as truthfully as possible. Also, by signing your name below, you authorize the Theatre NDSU to use your image for *any* promotional use.

Signature