

ALL SAINTS THEATRICAL REPERTOIRE ASSOCIATION 2018 AUDITIONS  
"BEAUTY AND THE BEAST"

Audition I.D.

Please complete the following information.

What song are you singing for us today?

\_\_\_\_\_

First Name

\_\_\_\_\_

Last Name

\_\_\_\_\_

Address

\_\_\_\_\_

City

\_\_\_\_\_

Zip Code

\_\_\_\_\_

Preferred Phone

\_\_\_\_\_

E-mail Address (If under age 18, you must give parent's e-mail also on back side of this form.)

\_\_\_\_\_

Other Phone

\_\_\_\_\_

Age

\_\_\_\_\_

Gender

\_\_\_\_\_

Playable Age Range

\_\_\_\_\_

Height

Are you attending school?  Yes  No

Name of school (All Saints, Homeschool, Kalles, Rogers, Seattle Univ, etc): \_\_\_\_\_

How did you hear about ASTRA?  Church Bulletin  Theater Puget Sound  News Tribune  at School   
Friend or Family  I am a past ASTRA participant  Other \_\_\_\_\_

In the lines below, please list the most recent theatrical experience, acting or otherwise. Or attach resume.

Name of Show

Name of Character

Location

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

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

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

Do you have any formal vocal training?  Yes  No If yes, number of years: \_\_\_\_ Vocal Type/Range: \_\_\_\_\_

Do you read music?  Yes  No If yes, number of years you have read music: \_\_\_\_\_

Do you play a musical instrument?  Yes  No If yes, please list the instruments: \_\_\_\_\_

Do you have any choral experience?  Yes  No If yes, number of years: \_\_\_\_\_

Do you have any dance training?  Yes  No If yes, number of years and type: \_\_\_\_\_

Please list any specific characters you would like to audition for.

\_\_\_\_\_

Name of Character(s)

Will you accept an alternate role?  Yes  No

Will you accept an ensemble role?  Yes  No

Please check any of the areas for which you/your family members are interested in being a part of with ASTRA.  
(you may select more than one).

- |                                        |                                      |                                           |                                         |                                    |
|----------------------------------------|--------------------------------------|-------------------------------------------|-----------------------------------------|------------------------------------|
| <input type="checkbox"/> Acting        | <input type="checkbox"/> Lighting    | <input type="checkbox"/> Props            | <input type="checkbox"/> Costumes       | <input type="checkbox"/> Painting  |
| <input type="checkbox"/> Cleanup/Setup | <input type="checkbox"/> Makeup/Hair | <input type="checkbox"/> Set Construction | <input type="checkbox"/> Stage Hand     | <input type="checkbox"/> Carpentry |
| <input type="checkbox"/> Box Office    | <input type="checkbox"/> Sound       | <input type="checkbox"/> Marketing        | <input type="checkbox"/> Front of House | <input type="checkbox"/> Website   |

(If you are under 18 years old, please have your parent/legal guardian complete the information on the back of this form.)

**Continued on back**

**PERMISSION OF STILL/VIDEO PHOTOGRAPHY**

By signing below I authorize the use of still/video photography of myself to be viewed on the ASTRA website, ASTRA online social media, ASTRA show programs, or in local newspapers.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Parent/Legal Guardian: (PERMISSION TO PERFORM WITH ASTRA)**

I, \_\_\_\_\_  
*First Name* *Last Name*

hereby authorize my son/daughter \_\_\_\_\_ (whose name is stated on the front of this application) to audition for and to perform/commit to the ASTRA production of *Beauty and the Beast*. I understand that it is my full responsibility to ensure that my child attends rehearsals, tech week, and performances.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(\_\_\_\_\_) \_\_\_\_\_  
Parent's Phone Number

\_\_\_\_\_  
Parent's E-mail Address (Must give parent's e-mail if under age 18)

**Parent/Legal Guardian Permission of Still/Video Photography:**

By signing below I authorize the use of still/video photography to be viewed of my child on the ASTRA website, ASTRA online social media, ASTRA show programs, or in local newspapers.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship

**Important Medical Information**

Do you have any medical conditions that ASTRA should be aware of?  Yes  No If yes please explain:

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

Are you allergic to any food items or medications?  Yes  No

If yes please indicate what food items and or medications you are allergic to:

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By signing below you are acknowledging that ASTRA is **not liable** for any medical complications you may have while attending any function related to ASTRA:

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Signature

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Date

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Signature of Parent/Legal Guardian    Date