

Audition Information Form

PLEASE COMPLETE
Where did you see/hear
about auditions?

INSTRUCTIONS:

- Print this page and complete the requested information.
- Bring the completed page to your audition. *Print clearly, please*

Cast Member Information:

Name:	
Preferred name:	
Preferred Pronouns:	He/Him She/Her They/Them Other: _____
Email:	
	NOTE: The Director will use email most often. However, a call will be placed to the number provided below to announce roles
Phone number:	
Is it ok to leave a message at the phone number? (circle one)	Yes No
Parent/guardian contact information if under 18:	Name: _____ Phone: _____ Email: _____
If cast, is it ok to include your email and phone number on a Cast Contact Sheet to be distributed to the Cast and Production Crew? (circle one) Yes No	
Emergency Contact	Name: _____
	Relation to actor: _____
	Number: _____

Performance Experience:

Print and bring a copy of your performance resume

OR

List your performance experience on the back of this page, be sure to include production name, role, when, and with which group you performed. Performance types to include, but are not limited to: *Acting, Dancing, Singing*

Roles I am interested in:

Review the Character List online. Circle the role(s) that you are interested in (you may select more than one):

Any open role(s)	SPONGEBOB SQUAREPANTS	PATRICK STAR	SQUIDWARD Q. TENTACLES	SANDY CHEEKS
EUGENE H. KRABS	SHELDON J. PLANKTON	KAREN THE COMPUTER	PEARL KRABS	PATCHY THE PIRATE
FRENCH NARRATOR	MAYOR OF BIKINI BOTTOM		PERCH PERKINS	
Ensemble (non-speaking/singing role)	Ensemble (speaking/singing role)		Youth Ensemble	

Other Opportunities:

Circle the role(s) that you are interested in (you may select more than one):

Any open role(s)	Production Assistant	Chorography	Wardrobe Coordinator / Dresser	Ensemble Wrangler
Make up/Hair	Marketing Help/Runner	Minor Wrangler	Prop Master	Puppeteer
Remote Control Coordinator	Set Construction	Set Construction Help	Set Dresser/Finisher	Stagehand

Additional Information:

List additional information on the back of this page that you would like the Director to know about you, your schedule, etc...



THE SPONGEBOB MUSICAL – Conflict Calendar

Please indicate the dates and times you are **NOT AVAILABLE** for rehearsals or performances.

If you do not intend to accept a role, please do not audition.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	March 9 Auditions 6:00 pm	10 Auditions 6:00 pm	11 Auditions 6:00 pm	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	April 1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24 Dry Tech	25 Tech Day
26 (If needed Extra Tech)	27 Dress Rehearsal	28 Media Day	29	30	May 1	2
3	4 Dress Rehearsal	5 Dress Rehearsal	6 Dress Rehearsal	7 Final Dress Rehearsal	8 Opening Night	9 Performances (2)
10 Matinee Performance	11	12	13	14 Performance	15 Performance	16 Performance
17 Matinee Performance & Set Strike	18	19	20	21	22	23

Any further notes about conflicts can be added in the space below or on the back of this page:

Name: _____



Emergency Contact Information

If under 18: This form is to be completed and signed by the parent or legal guardian.

Name of actor: _____

In the event that the above named is injured or ill, contact:

Name: _____ Relation: _____

Telephone Numbers: _____ on _____ (hours/days)

_____ on _____ (hours/days)

Email Address: _____

Additional Contact's Name: _____ Relation: _____

Telephone Numbers: _____ on _____ (hours/days)

_____ on _____ (hours/days)

Email Address: _____

In the event that the emergency contacts listed are not available, I give my permission to the Three Rivers Community Players production staff to provide first aid and to take the appropriate measures including contacting the emergency medical services (EMS) system and arranging for transportation to:

or the nearest emergency medical facility. At no time will a member of the Three Rivers Community Players drive an injured or ill child to an emergency medical facility unless accompanied by another adult.

Signature _____ Date _____

Notes (allergies-including food allergies/medications/special considerations) please list below:

MEDIA RELEASE FORM

I, _____, grant permission to Three Rivers Community Players presentation of The SpongeBob Musical, hereinafter known as the "Media," to use my image (photographs and/or video) for use in Media publications including:

(Check all that apply or select Any/All)

- Any/All
 Social Media Posts Videos Email Blasts Recruiting Brochures
Newsletters Magazines General Publications Website and/or Affiliates
 Other: _____

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.

Please **initial** the paragraph below which is applicable to your present situation:

_____ - I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

_____ - I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Signature: _____ Date: _____

Name (please print): _____

Address: _____

Signature of parent or legal guardian: _____
(if under 18 years of age)