



The Miracle Worker

AUDITION FORM – please print

Name: _____
(as you would use for program/photo purposes)

Address: _____

Email*: _____ Parent's email if under 18: _____

Cell Tel*: _____ Work Tel*: _____ Home Tel*: _____

Age Group: _____ age if <18 18-19 20-30 31-40 41-50 51-60 61+

Height: _____ Hair Color: _____ (Men) Pant Size: _____ (Men; if known) Suit Size: _____

*Will be included on the distributed Cast "Contact List," unless you request it be 'unpublished' above.

Aurora Players uses audition information to communicate with the auditioner and this information will not be shared outside Aurora Players' organization.

Previous On-Stage Experience: (Use back of page or separate sheet if necessary)

<u>Role</u>	<u>Show</u>	<u>Group</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE COMPLETE			
Where did you see/hear about auditions? Check all that apply.			
<input type="checkbox"/>	Newspaper	<input type="checkbox"/>	Social Media
<input type="checkbox"/>	Website	<input type="checkbox"/>	Word of mouth/Friend
<input type="checkbox"/>	Email	<input type="checkbox"/>	Other

Are you able to help with set building/painting/clean-up?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Consider tech work backstage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Any technical experience?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, what?

Schedule Conflicts - please indicate day(s) you are not available for rehearsal – INCLUDING weekends.

NOTE: A mandatory all-day TECH REHEARSAL will be conducted on SATURDAY, MARCH 15, 2025.

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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Aurora Players, Inc. Photography and Video Release (Please complete and sign.)

I, _____, hereby grant and authorize Aurora Players, Inc. (AP) the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures or video taken of me during the rehearsal for and performance of the play or musical for which I am auditioning. I understand that said pictures or video could be used in AP promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, press kits and submissions to journalists, websites, social networking sites, and other print and digital communications, without payment or any other consideration. This authorization shall continue indefinitely unless I otherwise revoke said authorization in writing. I also understand and agree that these materials shall become the property of AP and will not be returned to me.

X _____ Date: _____
(signature)

X _____ Date: _____
(Parent/Guardian signature if under18)

Printed Name: