



The Bridges of Madison County

AUDITION FORM – please print

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

Address: _____

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

Cell Tel*: _____ Home Tel*: _____ Facebook name: _____

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

Vocal Range: _____ Dance experience: _____

*Will be included on the distributed Cast "Contact List", unless you request it be 'unpublished' above.

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

Previous On-Stage Experience:

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

Role(s) auditioning for: _____

Consider any other role?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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: Please see the General Information Sheet for all required dates for rehearsals.

(Over)



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 videos 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(signature) _____ Date: _____

_____ Date: _____

Printed Name:

Note: Parent or guardian must sign for children under 18

X(Parent/Guardian signature) _____ Date: _____