The Hobbit-THP-2026

AUDITION FORM – please print

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

Address: _____

_____

PLEASE COMPLETE	***Audition Number and director notes Please leave blank***
Where did you see/hear about auditions?	.

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

Cell Tel*: _____ **Text:** Y/N **Home Tel*:** _____**Facebook name:** _____

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

Height: _____ **Hair Color:** _____

Tumbling or other acrobatic skills: ☐Yes ☐No

*Will be included on the distributed Cast "Contact List", unless you request it be 'unpublished' above.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

Role	**Show**	**Group**

Role(s) auditioning for: _____

Consider any other role?	☐ Yes	☐ No	
Are you able to help with set building/painting/clean-up	☐ Yes	☐ No	
Consider tech work backstage?	☐ Yes	☐ No	
Any technical experience?	☐ Yes	☐ No	If yes, what? _____
Any special skills we should know?	☐ Yes	☐ No	If yes, what? _____

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

NOTE: Mandatory attendance dates are provided on the information sheet.

			(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 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*(sign)*_____Date:_____

Printed Name:

ONLY the three "Regular Season" productions are eligible for Annual Acting Awards. Fundraising projects, e.g. Project STAGE and December's special Holiday show do not fall into this category. Thank you for your understanding.