



Failure: A Love Story Audition Application Form

Student Information

Full Name: _____ Grade: _____
Last First M.I.

Address: _____
Street Address Unit # City State Zip Code

Phone: _____ Email _____

Is there a particular part you are interested in? Which one? _____

Will you accept any role offered to you? _____

Previous Theatrical Experience- Please list top 4 or 5 only

Include: production, role and where it was produced

Schedule/Rehearsal Information

The 1st Rehearsal is Dec 6th- 3-5:30 pm
Rehearsals before Holiday Break: 12/9-12/13, 12/16-12/20. (Monday-Friday)
from 3 pm to 5:30
Rehearsals after Holiday Break: 1/6-1/10, 1/13-1/17, 1/20-1/23- 3-5:30 pm
1/24- District Festival
1/27- Rehearsal- 3 pm to 5:30 pm
1/28 and 1/29- Prelim date
2/5- Section Finals.
2/13-14- State.

There will be deviations in the above schedule, but this should suffice as a basic outline. We will try to use everyone's time wisely and only call those who are needed each day. Students may not be called to every rehearsal each week and should plan accordingly.

Conflict Information

PLEASE LIST ANY CONFLICTS YOU HAVE WITH THE REHEARSAL AND PERFORMANCE SCHEDULE:

Important Information

If you are cast, we expect you to be at rehearsal when you are called. If you are ill or unable to attend, **you MUST contact us (a contact email will be provided to you)** to let us know as soon as possible. Failure to do so may result in removal from the cast. If you will have any conflicts with the rehearsal schedule, list them on the above conflict sheet or forever hold your peace. They do not eliminate you from being cast but they do allow for careful consideration in scheduling. (jobs, school activities, clubs, trips and family events must be included)

Please sign your name to indicate that you have read and understand everything on this sheet.

Student
Signature: _____ Date: _____

Parent
Signature: _____ Date: _____