



**The Superhero Ultraferno- After Dark
Audition Form**

Preferred Name: _____

What pronouns do you use? She/Her He/Him They/Them Other: _____

Address: _____

City, State, Zip: _____

Email (please print clearly!): _____

Phone (cell): _____ Age: _____ Height: _____ Hair Color: _____

Do you have any dance training? Yes No

If Yes, please specify: _____

Do you have any stage combat training? Yes No

If Yes, please specify: _____

Are you able to do a dialect/accent? Yes No

If Yes, please specify: _____

Do you consider yourself a singer? Yes No

If Yes, what part do you sing if known? (Soprano, Alto, Tenor, etc.) : _____

We will have two swing actors who will act as understudies to learn several of the roles in this production in case of an emergency. These actors will be guaranteed at least one performance.

Would you be willing to be cast as a swing actor? Yes No

CONFLICTS

Do you have any major conflicts during this production (i.e., vacations, weddings, surgeries, etc.)? Please list ALL dates and times of any conflicts on the lines below.

New conflicts will NOT be honored after callbacks!

This production has a possible extension, marked as "Performance TBD" on the calendar. Would you be available for these dates? _____

PLEASE COMPLETE INFORMATION ON PAGE 2



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GENERAL INFORMATION:

I understand that:

- Rehearsals at a Glance are:**
Tuesday-Thursday 6:00pm-10:00pm
Saturday 12:00pm-6:00pm
(There are two Monday rehearsals as listed on the calendar)

- Tech runs 10am-10pm on Saturday 3/12 and Sunday 3/13, and 6pm-11pm Monday 3/14-Thursday 3/17 as listed in the calendar.**

- No performance conflicts will be honored.**

- I have referenced the calendar for performance times and dates I need to be available.**

- If this play were a movie, it would be rated R.**

- There is a possible extension of this production.**

- I have reviewed the TheaterWorks Covid Guidelines document and, if cast, agree to follow all guidelines listed.**

I have filled out this form completely and honestly, and I understand it fully.

Signature: _____ Date: _____

----- **DO NOT WRITE BELOW THIS LINE!** -----

NOTES:

- SM CHECK ONLY-** Proof of Vaccination has been presented. Actor is fully vaccinated.