

# Hipp-Stage Productions (HCHTA)

## Kiss Me Kate AUDITION FORM

Please fill out as much of the requested information below as possible.

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_ Sex:  MALE  FEMALE

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### **NOTABLE PREVIOUS PERFORMANCE EXPERIENCE OR ROLES:**

\_\_\_\_\_ COMPANY \_\_\_\_\_ YEAR \_\_\_\_\_

\_\_\_\_\_ COMPANY \_\_\_\_\_ YEAR \_\_\_\_\_

\_\_\_\_\_ COMPANY \_\_\_\_\_ YEAR \_\_\_\_\_

\_\_\_\_\_ COMPANY \_\_\_\_\_ YEAR \_\_\_\_\_

Role You Are Auditioning for (optional): \_\_\_\_\_

Would you consider other roles?  YES  NO Would you accept an ensemble role?  YES  NO

### **MUSIC AND DANCE TRAINING:**

Can you read music?  YES  NO Singing ability:  NONE  AMATEUR  TRAINED(\_\_\_\_ YEARS)

Voice:  BASS  TENOR  BARITONE  ALTO  SOPRANO

Instruments you play: \_\_\_\_\_ Skill:  BEGINNER  INTERMEDIATE  ADVANCED

**DANCE/MOVEMENT:**  BALLET  TAP  JAZZ  CONTEMP/MODERN  HIP-HOP

BALLROOM  OTHER

Style (if Other) \_\_\_\_\_ # of Years: \_\_\_\_ Skill Level:  BEGINNER  INTERMEDIATE  ADVANCED

Special Skills:  STAGE COMBAT  JUGGLING  ACROBATICS  CHEERLEADING

GYMNASTICS  LASSOING

Other Skills to Note: \_\_\_\_\_

**YOUR PREFERRED CONTACT INFO:**

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Facebook: \_\_\_\_\_

Twitter: \_\_\_\_\_ Instagram: \_\_\_\_\_

**Potential medical or other conditions to note:** *(Are you diabetic? Asthmatic? Have serious allergies? Do you have any phobias we should be aware of?)*

\_\_\_\_\_  
\_\_\_\_\_

**Are you currently performing/rehearsing anything?** *Please note the show and schedule below:*

\_\_\_\_\_  
\_\_\_\_\_

**Are there any potential scheduling conflicts you are currently aware of?** *(Please see our Rehearsal/Performance Calendar for specific dates):*

\_\_\_\_\_  
\_\_\_\_\_

**How did you hear about our auditions?**

- NEWSPAPER    EMAIL NOTICE    OUR WEBSITE    FRIEND    TEACHER  
 INDUSTRY WEBSITE    OTHER

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_

Parent or Guardian Info (If under 21) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

*Thank you for your interest in our production! We appreciate your sharing your talent with us, and look forward to the opportunity to work with you.*