



# The Bridges of Madison County 2022

Audition number: \_\_\_\_\_

Date: \_\_\_\_\_



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

*\*If under 18 years old, please have a parent or guardian complete the Parent Permission section on the second page.*

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

Email (please print clearly): \_\_\_\_\_

Address (include town): \_\_\_\_\_

Age: \_\_\_\_\_

Height: \_\_\_\_\_

What ROLE(s) are you most interested in? \_\_\_\_\_

Would you accept another role if cast differently? YES or NO *(please be honest)*

Would you agree to be a member of the ensemble? YES or NO

## REHEARSAL CONFLICTS

Please list days of the week that you are NOT available for rehearsal *(include any weekend days and evenings)*:

\_\_\_\_\_

Please list any regular activities that you participate in and on what day it normally occurs, and include weekends and evenings *(regular business and school hours are not necessary to list unless your commute impacts your ability to arrive on time at rehearsal)*:

\_\_\_\_\_

\_\_\_\_\_

What is the earliest time of the day that you could arrive at rehearsal *(including weekends)*? \_\_\_\_\_

List date(s) of any specific conflicts that you may have with a future rehearsal *(such as travel plans, medical appointments, meetings, etc.)*: ***Please keep planned summer vacations in mind!***

\_\_\_\_\_

\_\_\_\_\_

## PLEASE NOTE

***ALL CAST MEMEBERS are expected to be present at all rehearsals the week prior to opening night. This is Tech Week and we will need all hands on deck!***

Audition number: \_\_\_\_\_

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

Please list previous theatrical/dramatic experience. Be sure to include acting, dancing, singing, and any other special talents!

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

Can you read music? YES or NO

Can you sing in parts (SATB)? YES or NO

**Show participants and their families are encouraged to get involved at the Falmouth Theatre Guild!**

**There will be many opportunities to volunteer in all aspects of producing this show.**

*Please consider the following off-stage opportunities and check off your interests.*

\_\_\_ Box Office/Usher

\_\_\_ Light Crew

\_\_\_ Set Construction

\_\_\_ Concessions

\_\_\_ Painting

\_\_\_ Prop Assistant

\_\_\_ Costumes

\_\_\_ Other

**By signing here, you acknowledge that you have read and accept Falmouth Theatre Guild's participation policies.**

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

## **FTG Parent Permission and Contact Information**

*(If you are under 18 years old, please have a parent or guardian complete this page and return to FTG)*

I support my child's participation in **The Bridges of Madison County**. I have read the policies of Falmouth Theatre Guild, and I understand that failure to comply with policies may result in my child's dismissal from the production. I understand that being part of a theatrical production takes extra time and commitment on our family's part. I further understand and give permission for my child's name and photo image to be included in publicity materials.

Parent's Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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

Email: \_\_\_\_\_

