



Matilda - Audition Packet

Please complete and bring with you to your audition.

Name: _____ DOB (if under 18): _____

Email: _____ Phone: _____

Address: _____

Parent/Guardian Name/Email/Phone (if under 18): _____

What available role(s) are you interested in:

<input type="checkbox"/> Miss Agatha Trunchbull	<input type="checkbox"/> Matilda Wormwood
<input type="checkbox"/> Miss Honey	<input type="checkbox"/> Lavendar
<input type="checkbox"/> Mr. Harry Wormwood	<input type="checkbox"/> Bruce
<input type="checkbox"/> Mrs. Zinnia Wormwood	<input type="checkbox"/> Amanda
<input type="checkbox"/> Michael Wormwood/Ensemble	<input type="checkbox"/> Alice
<input type="checkbox"/> The Escapologist/Ensemble	<input type="checkbox"/> Hortensia
<input type="checkbox"/> The Acrobat/Ensemble	<input type="checkbox"/> Eric
<input type="checkbox"/> Rudolpho/Ensemble	<input type="checkbox"/> Nigel
<input type="checkbox"/> Doctor/Ensemble	<input type="checkbox"/> Tommy
<input type="checkbox"/> Children's Entertainer/Ensemble	<input type="checkbox"/> Ensemble

Why this role(s)?

Will you accept ANY role? YES NO

Can you read music? YES NO

Do you play any instruments? If Yes, please describe: _____

PROPOSED DATES

You may not be called to all rehearsals. We are building the schedule around everyone's availability. Please list conflicts, even partial ones, below. Note: the more flexible you are, the greater chance of casting. Looking at the schedule below, please indicate if you are available for a specific date by writing YES or NO in the "Available?" box. If you can attend a date in part (i.e. arrive late or leave early), please indicate that as well with specific arrival/departure times.

Date	Time	Game Plan	Available?
Mar 15	4:30-9:00	Audition	MUSIC
Mar 16	6:00-9:00	Audition	
Mar 18	7:00-10:00	Callback	
Apr 2	6:30-9:30	Read-Thru	
Apr 3	6:30-9:30		
Apr 4	9:30-12:30		
Apr 10	6:30-9:30		
Apr 11	9:30-12:30		
Apr 12	1:30-5:30		
Apr 17	6:30-9:30		
Apr 18	9:30-12:30		
Apr 19	1:30-5:30		
Apr 25	9:30-12:30	BLOCKING	
Apr 26	6:30-9:30		
May 12	7:30-10:00		
May 13	6:30-9:30		
May 14	6:30-9:30		
May 15	6:30-10:00		
May 19	7:30-10:00	CLEAN	
May 20	6:30-10:00		
May 21	6:30-10:00		
May 22	6:30-10:00		
May 23	9:30-12:30		
May 24	1:30-5:30	RUN	
May 26	7:30-10:00		

May 27	6:30-10:00		
May 28	6:30-10:00		
May 29	6:30-10:00	DRESS	
May 31	ALL DAY	Load-In/Spacing	
Jun 1	6:00 - 10:30	Tech	
Jun 2	6:00 - 10:30	Tech	
Jun 3	6:00 - 10:30	DRESS	
Jun 4	6:00 - 10:30	DRESS	
Jun 5	Call Time 5:30 PM	Perform	
Jun 6	Call Time TBD	Perform	
Jun 7	Call Time TBD	Perform/Strike	

Notes to Director Regarding Conflicts:

Please list your most recent theatrical and/or performance credits:

Vocal Range	Dance Ability	Technical Experience
<input type="checkbox"/> Soprano	<input type="checkbox"/> Excellent	<input type="checkbox"/> Painting
<input type="checkbox"/> Alto	<input type="checkbox"/> Pretty Good	<input type="checkbox"/> Lights
<input type="checkbox"/> Tenor	<input type="checkbox"/> Just Okay	<input type="checkbox"/> Audio
<input type="checkbox"/> Bass	<input type="checkbox"/> Very, Very Basic	<input type="checkbox"/> Front of House
<input type="checkbox"/> I'm Unsure	<input type="checkbox"/> I Literally Can't Dance	<input type="checkbox"/> Set Building

How did you hear about Playact:

MATILDA

Cast Acknowledgements

Please check/initial when completely understood:

I understand that if cast in the show, I must purchase my own makeup, shoes, wigs, underclothes, etc. as directed by Playact.

Initial _____

I understand that if I am an adult and cast in the show, I must pay the \$40 (tax-deductible) show fee to Playact. If I am a minor and cast in the show, I must pay the \$75 (tax-deductible) show fee. Please reach out if you have a financial hardship; aid is available.

Initial _____

I understand that if cast in the show, I am making a commitment to attend all rehearsals as I am scheduled, barring any previously arranged conflicts or emergencies.

Initial _____

I understand that if cast in the show, I will rehearse my lines, songs, choreography, etc. in my spare time and adhere to all memorization/preparation deadlines. I understand that my lack of preparation could result in my expulsion from the cast.

Initial _____

I understand that if I am cast in the show, I am required to complete all assigned volunteer duties, which may include load-in, front-of-house, set construction, strike, set building, or other production needs. If I am under 18, a parent/guardian must participate with me in fulfilling these responsibilities.

Initial _____

I understand and will adhere to the statements listed below.

Initial _____

Injury/Illness Waiver: By signing this agreement, you agree to not hold Daniel Castro, Keri Castro, Jennifer Loving, Thomas Quigley, Jessica Cretors, Amanda C. Ruhl, Playact Theatre Inc., Premier Performance, LLC, Valparaiso University or anyone affiliated with Playact Theatre Inc, Valparaiso University, or Premier Performance, LLC responsible for any injury or illness (including COVID-19) that the actor, their siblings, parents, guardians, and/or guests incur while on their property or at events sponsored by Playact Theatre or Premier Performance, LLC. In the event of an injury or illness, the injured individual and/or the individual's personal medical insurance will cover his or her medical expenses. **Future Promotional Materials:** Photos and videos will be taken during the rehearsals and performances for potential future promotional materials. Any photos and videos taken will strictly be used as promotional materials for Playact Theatre, Inc. and/or Premier Performance, LLC. By signing below, you consent that you will allow us to use the actor's image.

Actor Name (printed)

Actor Signature

Today's Date

Parent/Guardian Name (printed)
If actor under 18

Parent/Guardian Signature

Today's Date