



Alice By Heart - 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"/> Alice Spencer / Alice | <input type="checkbox"/> Alfred Hallam / White Rabbit / March Hare |
| <input type="checkbox"/> Red Cross Nurse / Queen of Hearts | <input type="checkbox"/> Harold Pudding / Mad Hatter |
| <input type="checkbox"/> Tabatha/Cheshire Cat | <input type="checkbox"/> Dodgy / Duchess |
| <input type="checkbox"/> Clarissa / Mock Mock Mock Turtle | <input type="checkbox"/> Nigel / Dormouse |
| <input type="checkbox"/> Angus / Caterpillar 1 | <input type="checkbox"/> Dr. Butridge / King Of Hearts / Jabberwocky |
| <input type="checkbox"/> Caterpillar 2 | <input type="checkbox"/> Young Alice |
| <input type="checkbox"/> Young Alfred | <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 will 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 times.

Date	Time	Game Plan	NOTES TO PLAYACT
Feb 8	6:30-9:30	Audition	
Feb 9	6:30-9:30	Audition	
Feb 11	7:30-10:00	Callback	
Feb 18	6:30-9:30	READ THRU	
Feb 19	6:30-9:30	MUSIC	
Feb 20	6:30-10:00		
Feb 24	7:30-10:00		
Feb 25	6:30-9:30	BLOCKING	
Feb 26	6:30-9:30		
Mar 3	7:30-10:00		
Mar 4	6:30-9:30		
Mar 5	6:30-9:30		
Mar 10	7:30-10:00		
Mar 11	6:30-9:30		
Mar 12	6:30-9:30		
Apr 7	7:30-10:00		
Apr 8	6:30-10:00	STUMBLE-THRU	
Apr 9	6:30-9:30	CLEAN	
Apr 14	7:30-10:00		
Apr 15	6:30-9:30		
Apr 16	6:30-9:30		
Apr 21	7:30-10:00		
Apr 22	6:30-9:30		
Apr 23	6:30-9:30	RUN	
Apr 25	6:30-10:00		
Apr 26	1:30-5:30		
Apr 27	6:30-10:00		
Apr 28	7:30-10:00		

April 29	6:30-10:00		
May 2	1:30-5:30	Dress	
May 3	3:00-9:00	Load-In/ Spacing	
May 4	6:00 - 10:30	Tech	
May 5	6:00 - 10:30	Tech	
May 6	6:00 - 10:30	Dress	
May 7	6:00 - 10:30	Dress	
May 8	Call Time 5:30 PM	Perform	
May 9	Call Time TBD	Perform	
May 10	Call Time TBD	Perform	

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:

ALICE BY HEART

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 cast in the show, I pay the \$75 (tax-deductible) show fee to Playact. Please reach out if you have a financial hardship; scholarships 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)

Parent/Guardian Signature

Today's Date

If actor under 18