

# THE BRIDGES OF MADISON COUNTY

Audition Form

(Please PRINT legibly in **INK**)

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: CELL(    ) \_\_\_\_ - \_\_\_\_\_ HOME(    ) \_\_\_\_ - \_\_\_\_\_

E-MAIL: \_\_\_\_\_

\*\*\*The best way to contact me is **e-mail** \_\_\_\_\_ **cell** \_\_\_\_\_

BIRTHDATE: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

I would like to be considered for the following roles:

\_\_\_\_\_

Do you read sheet music? \_\_\_\_\_ YES \_\_\_\_\_ NO

Would you be willing to consider altering  
your appearance if cast in the show, for example;  
shaving your beard, cutting or dyeing your hair? \_\_\_\_\_ YES \_\_\_\_\_ NO

If not cast in the show, would you like to volunteer  
backstage or run the light board? \_\_\_\_\_ YES \_\_\_\_\_ NO

**TURN THIS SHEET OF PAPER OVER!!!**

**Please list up to 4 of your most recent roles (or attach resumé):**

SHOW TITLE	ROLE

**Please list any known schedule conflicts  
between February 13th and May 13th:**

ALL DAY EVENTS, OUT-OF-TOWN, VACATIONS, WEDDINGS, ETC.

DATES: \_\_\_\_\_

**In the calendar below, please list times you are UNAVAILABLE to rehearse:  
(example - work till 6, church till 12, pottery class all day Saturday)**

SAT	SUN	MON	TUE	WED	THU	FRI

**FOR CASTING DIRECTOR'S USE ONLY  
DO NOT WRITE BELOW**

Read for:

\_\_\_\_\_

CB: \_\_\_\_\_

Notes:

\_\_\_\_\_

# PHOTO RELEASE FORM

I hereby grant Grandstreet Theatre permission to use my likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration.

I understand and agree that these materials will become the property of Grandstreet Theatre and will not be returned.

I hereby irrevocably authorize Grandstreet Theatre to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing Grandstreet Theatre's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I am 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

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(Signature)

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(Date)

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(Printed Name)

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(Date)

If the person signing is under age 18, there must be consent by a parent or guardian, as follows:  
I hereby certify that I am the parent or guardian of \_\_\_\_\_, named above,  
and do hereby give my consent without reservation to the foregoing on behalf of this person.

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(Parent/Guardian's Signature)

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(Date)

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(Parent/Guardian's Printed Name)