

CHILDREN'S THEATRE OF WINNETKA – GIRLS AUDITION FORM

Children's Theatre of Winnetka is open to children grades 4-8 residing or attending school within New Trier Township

ACT DANCE SING

HEIGHT: Ft. In.

Do not write above this line.

Child's Name: _____

Parents' Names: _____

Home Address: _____

Emails: _____

mother's email

father's email

Cell Phone:

Please circle BEST number to reach you

mother's cell phone

father's cell phone

School: _____ Grade: _____ Age: _____

What to bring to auditions check in:

- This form, completed
- A recent photo which will not be returned - color photocopy accepted
- Attendance Policy Procedure - Schedule - completed and signed by parent/guardian
- Authorization of Release Form - completed and signed by parent/guardian

Please Note:

If your child is cast, parents/guardians will be required to volunteer.

Please summarize most relevant experience (if any) in the following areas. Do not attach a resume:

Acting: _____

Dancing: _____

Singing: _____

Crew/Technical: _____

Gymnastics: _____

Have you ever auditioned for a Children's Theatre of Winnetka production? Yes _____ No _____

If "Yes," which show(s)? _____

Have you ever been cast in a Children's Theatre of Winnetka production? Yes _____ No _____

If "Yes," which show(s)? _____

IF YOU ARE CAST, THERE IS A \$650 PRODUCTION FEE

(Confidential, needs-based scholarships are available. To inquire, please email ctw@childrenstheatrewinnetka.com.)

Would you be interested in participating in our **CREW**? Yes _____ Please note: Cast is selected before crew assignments are made. Your interest will not increase or decrease your chances of being cast. Say "Yes" only if you *really* want to CREW if you are not cast. You will be contacted in a few weeks if we need additional members on CREW.

IF YOU ARE SELECTED TO CREW, THERE IS A CREW PRODUCTION FEE OF \$75

Children's Theatre of Winnetka

NEW - Attendance Policy Procedure - Schedule

At CTW, we expect children to attend all rehearsals unless they are ill or there is a family emergency. However, we also understand important family or required school commitments may need to be accommodated.

Please indicate on the calendar only unavoidable commitments (school or personal) for which you would like your child to be excused from rehearsal. The directors must still approve any requested absences.

Please note that if your child is absent and misses a certain scene, it is possible they will not be able to be in that scene.

Actor's availability is one of many factors considered when casting. This will be your only opportunity to request an absence unless for illness or family emergency. No Absences will be excused beginning October 29th.

Cast 1 will rehearse Tuesdays 4:00 - 5:30, Thursdays 5:15 - 7:00, and Saturdays alternating between 9:00 - 11:00 and 11:00 - 1:00
EXCEPTIONS WILL OCCUR.

Cast 2 will rehearse Tuesdays, from 5:15 - 7:00, Thursdays, from 4:00 - 5:30, and Saturdays alternating between 9:00 - 11:00 and 11:00 - 1:00
EXCEPTIONS WILL OCCUR.

Some actors will need to attend rehearsals on Fridays, from 4-6pm. You may not be called for all these dates, but please keep them open. Occasionally, you may be asked to stay a little longer, or come in a little earlier for costumes. Dress Rehearsals will take place during a school day, on November 19th for Cast 1, and November 20th for Cast 2.

I am able to attend rehearsals on Fridays:
Yes _____ No _____

Additional attendance related notes:

Day	Date	Time	REQUEST MISSED REHEARSAL/REASON
Tuesday	Sept 3	4:00-7:00	
Thursday	Sept 5	4:00-7:00	
Saturday	Sept 7	9:00-1:00	
Tuesday	Sept 10	4:00-7:00	
Thursday	Sept 12	4:00-7:00	
Saturday	Sept 14	9:00-1:00	
Tuesday	Sept 17	4:00-7:00	
Thursday	Sept 19	4:00-7:00	
Saturday	Sept 21	9:00-1:00	
Tuesday	Sept 24	4:00-7:00	
Thursday	Sept 26	4:00-7:00	
Saturday	Sept 28	9:00-1:00	
Tuesday	Oct 1	4:00-7:00	
Thursday	Oct 3	4:00-7:00	
Saturday	Oct 5	9:00-1:00	
Tuesday	Oct 8	4:00-7:00	
Thursday	Oct 10	4:00-7:00	
Saturday	Oct 12	9:00-1:00	
Tuesday	Oct 15	4:00-7:00	
Thursday	Oct 17	4:00-7:00	
Saturday	Oct 19	9:00-1:00	
Tuesday	Oct 22	4:00-7:00	
Thursday	Oct 24	4:00-7:00	
Saturday	Oct 26	9:00-1:00	
Tuesday	Oct 29	4:00-8:00	No Excused Absences Going Forward
Thursday	Oct 31	4:00-8:00	If needed, principals only
Friday	Nov 1	4:00-8:00	2 hours each cast
Saturday	Nov 2	9:00-1:00	
Tuesday	Nov 5	4:00-8:00	2 hours each cast
Thursday	Nov 7	4:00-8:00	2 hours each cast
Saturday	Nov 9	9:00-1:00	
Tuesday	Nov 12	4:00-8:00	4 hours - Cast 1
Wednesday	Nov 13	4:00-8:00	4 hours - Cast 2
Thursday	Nov 14	4:00-8:00	4 hours - Cast 1
Friday	Nov 15	4:00-8:00	4 hours - Cast 2
Saturday	Nov 16	9:00-5:00	Full Tech - Cast 1
Sunday	Nov 17	12:00-6:00	Full Tech - Cast 2
Monday	Nov 18	4:00-9:00	
Tuesday	Nov 19	school hours	Dress Reh.- Cast 1 - time tbd
Wednesday	Nov 20	school hours	Dress Reh.- Cast 2 - time tbd
Thursday	Nov 21	7:00 Curtain	Performance - Cast 1
Friday	Nov 22	7:30 Curtain	Performance - Cast 2
Saturday	Nov 23	12:30 & 4:00	Performance - Cast 2, then Cast 1
Sunday	Nov 24	1:00 & 4:00	Performance - Cast 1, then Cast 2

I have read the attendance policy and am submitting the only days we are requesting to be absent, other than for illness and family emergency.

Parent's signature _____

Number of days requesting absence _____

Authorization and Release to Verify Background for Children's Theatre of Winnetka Volunteers

I (we), _____ hereby authorize Winnetka Community House, Inc., its board of governors, officers, employees and designees to research and legally obtain information related to my background. I authorize any person or entity so contacted to release such information. I acknowledge and understand that by signing this form I am releasing the Winnetka Community House and any person contacted from any claims I or any person asserting a claim on my behalf may have by virtue of the disclosure of the information as authorized by me.

I hereby authorize each and every party contacted to release any and all information requested by the Winnetka Community House in connection with my **volunteer activities for Children's Theatre of Winnetka.**

All personal information will be kept secure and confidential.

Date ____/____/____

Last Name _____ First _____ Middle _____

Date of Birth ____/____/____ Gender _____

Social Security # _____

Address _____

City _____, State _____ Zip _____

Signature _____

Date ____/____/____

Last Name _____ First _____ Middle _____

Date of Birth ____/____/____ Gender _____

Social Security # _____

Address _____

City _____, State _____ Zip _____

Signature _____

