

NORTHEAST THESPIAN FESTIVAL
All-Festival Production Auditions

STUDENT NAME _____ EMAIL _____

STUDENT PHONE NUMBER _____

SCHOOL NAME _____

TROUPE SPONSOR NAME _____

TROUPE SPONSOR EMAIL _____

PARENT/S NAME/S _____

PARENT/S EMAIL/S _____

PARENT/S PHONE NUMBER/S _____

SINGING RANGE (*Soprano I, Mezzo Soprano, Alto I, Alto II, Tenor, Bass, Baritone*) _____

List dance training type and number of years:

List musical acting experiences:

TITLE	ROLE	WHERE (THEATRE/SCHOOL NAME)
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2016-2017 Rehearsals:

- October 23 (AUDITION VIDEOS DUE)
- Nov 11 & 12, 9am-6pm (it's a holiday weekend) JOHNSON THEATRE / HENNESSY THEATRE, University of New Hampshire
- November 19, 9am-6pm JOHNSON THEATRE, University of New Hampshire
- December 10, 9am-6pm JOHNSON THEATRE, University of New Hampshire
- (December 17 is a snow make-up day) HENNESSY THEATRE, University of New Hampshire
- January 7, 9am-6pm JOHNSON THEATRE, University of New Hampshire
- January 16, 9am-6pm (MLK Day) JOHNSON THEATRE, University of New Hampshire
- January 19, 4-9pm JOHNSON THEATRE, University of New Hampshire
- January 20, 8am call (first day of festival; all day tech with performance that night) JOHNSON THEATRE

By submitting an audition video, I am agreeing to be present at every listed rehearsal (including possible alternative snow day rehearsal). IF I have a minor conflict, I will contact Raina.Ames@unh.edu prior to turning in my audition video. I also agree to learn my music before the first rehearsal in November. I also agree to register for and attend the entire Northeast Thespian Festival at University of New Hampshire, Durham, New Hampshire on January 20 & 21, 2017. I understand that festival registration and lodging is not included nor is it waived for participants in the All-Northeast Musical production.

(Actor Signature)

As Thespian Sponsor, I recommend this student to take part in this production and that transportation to/from rehearsals will not be a problem.

(Thespian Sponsor Signature)

NORTHEAST THESPIAN FESTIVAL

All-Festival Production Auditions

I give permission to my child, _____ to participate in the
Full Name of Student

Northeast Thespian Festival musical production of *Zombie Prom: The Atomic Edition*. I have read the rehearsal calendar for this production and understand that attendance at every scheduled meeting (listed below) is mandatory for all participants. Should my child miss a scheduled meeting, I understand that he/she may be removed from the performance. I agree to arrange for timely transportation for my child to and from ALL rehearsals and the performance and only registered delegates for the 2017 Northeast Thespian Festival will be permitted to perform in the Northeast Musical production.

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_____ I give permission for my child to be photographed in this production and understand that photographs will be used to promote the performance and the Northeast Festival in print and electronic media.

_____ I understand my child must register for and attend the entire Northeast Thespian Festival at University of New Hampshire, Durham, New Hampshire on January 20 & 21, 2017. I understand that festival registration and lodging is not included nor is it waived for participants in the All-Northeast Musical production.

Signature of Parent/Guardian: _____

Contact #'s: _____

Address: _____

Date: _____

VERY IMPORTANT: Please list any known medical problems: _____

In the event my child, _____, should suffer an injury or experience an illness which appears to require immediate medical attention, then I authorize, and give my permission, to the school chaperones to seek medical attention for my child either by calling for medical transportation or taking my child to the nearest emergency room physician or health maintenance organization which can provide medical services to my child.

Signature of Parent/Guardian

Date