



Actors' Circle Theatre, P.O. Box 374, Peterborough NH 03458-0374
~ www.actorscircletheatre.org ~

Audition Sheet



A Midsummer Night's Dream



Directed by Chris McCartie

Name: _____ Phone: _____

Address: _____ Email: _____

A Midsummer Night's Dream

Performance Dates: August 6, 7, 13 and 14, 2016 - 5:00PM ALL SHOWS
Venue: Depot Square Park (by the river), Peterborough, NH
Rehearsal Period: Begins with read-through May 24, 2016 through show dates;
 (2 weekday evenings, 7-9PM, Sundays 3-6PM; **exact dates
 TBD once the play is cast**)
Rehearsal Location: Exact locations TBD once the play is cast

Are there any potential times, days or dates where you may have a conflict?

Briefly state performance experiences, including technical/backstage work (you may attach a résumé):

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Is there a specific role you in which you are interested? _____

Would you be willing to take another role? _____

Other than acting, please indicate any other areas in which you would like to be involved:

Set Construction: _____ Lighting: _____ Props: _____ Makeup: _____

House Staff/Tickets: _____ Costumes: _____ Other: _____

PLEASE READ

Choice of actors for the production shall be at the sole discretion of the Director. If selected, you agree to attend all rehearsals, performances, and set strike, unless otherwise arranged with the Director. You also agree to participate in additional support activities for the play, as requested (personal appearances, poster distribution, set construction, etc.).

This play may involve comedic physical activity, including, but not limited to, staged slapping, pratfalls, kicks to the posterior, tripping, etc. These scenes will be staged by a professional choreographer. Please notify the Director if you have any physical considerations of which you would like us to be aware, or if you do not wish to participate in these activities. Participation is at the actor's risk. Actor agrees to hold harmless Actors' Circle Theatre.

Participation by actors younger than 18 years of age requires the written consent of parent(s)/guardian(s).

Participation in Actors' Circle Theatre is on a voluntary basis, and no compensation will be paid to actors who participate in the play.



We encourage you to become a member of ACT – only \$10 a year!

Please consider, for you and your associates, advertising in our program – very reasonable rates!

By signing below, I acknowledge and agree to the terms outlined above regarding my responsibilities in participating in an Actors' Circle Theatre performance:

Signature: _____ Date: _____

Parent/Guardian
Signature, if applicable: _____ Date: _____