

Stop Kiss
Audition Form

Name _____ Student ID Number _____

Will you play as cast? _____ Roles interested in _____

Interested in working on crew if not cast? _____

Race/Ethnicity (Optional) _____ Gender/Pronoun _____

Class Standing _____ Major _____ Minor _____

Dance Skills _____ Vocal Range _____

Local Address _____

Cell Phone _____ UCR Email Address _____

Special Skills (Play an instrument, dance, acrobatic skills, singing, etc.) If so, explain

UCR Awards (Gluck Fellow, Chancellor's Performance Award, etc.)

UCR PRODUCTIONS

Production _____ Role _____ Date of Production _____

Production _____ Role _____ Date of Production _____

Production _____ Role _____ Date of Production _____

OTHER THEATRE/FILM/TELEVISION/RADIO WORK

Production _____ Role _____

Where _____ When _____

Production _____ Role _____

Where _____ When _____

Production _____ Role _____

Where _____ When _____

PLEASE READ THIS CAREFULLY

I have read the rehearsal schedules and have reviewed the tech schedules posted on the production board. I agree to be available for all rehearsals and performances listed on those schedules (except as indicated). I understand that I will be held to this agreement and that, if cast, I may be replaced if suddenly unavailable. I have indicated on the lines below the dates that I know I will not be available. If cast, I realize that I will be excused from these dates **ONLY (YOU MAY NOT MISS A PERFORMANCE)**.

Signature _____ Date _____