

DMTC Youth Show AUDITION:
Junie B. Jones, the Musical, Jan 13th and 14th

~ Please Print ~

All contact information for cast members will be taken from this form.

Auditioner's Name (PLEASE PRINT) _____ Gender: M F Height ____ ' ____ "

Age _____ Birth Date (mm/dd/yyyy) ____/____/____ Grade (1ST – 12TH, 2019-2020): _____

Address: _____ City _____ Zip _____

Home Phone (____) _____ Student's Cell Phone (If Applicable) (____) _____

Parent's Name: _____ Parent's Cell Phone (If Applicable) (____) _____

Parent's Name: _____ Parent's Cell Phone (If Applicable) (____) _____

Parent's email address: (please print clearly) _____

Parent's email address: (please print clearly) _____

Student's email address: (If applicable) _____

I have read the information sheet provided and I understand that:

- All conflicts must be noted on the audition form and I agree to attend all other rehearsals.
- Tech week rehearsals and all performances are mandatory for every cast member.
- Cast members cannot change or alter their appearance after auditions without the director's consent.
- **Twenty-five parent volunteer hours** per child (35 hours for 2 children and 40 hours for 3 or more children) and the strike following the production are mandatory. *
- Fees include a non-refundable **\$100** production fee and a **\$75** costume fee per cast member.
- A **\$250** deposit per cast member is required and held until my parent volunteer service is verified and any rented costumes have been returned. The deposit is forfeited if my child drops out of the production or if I do not fulfill volunteer obligations, including scheduled parent hours and strike.*
- A parent, guardian or sponsor must attend the Parent Meeting: **Monday, January 20th at 5:30 pm**

- ☐ **One parent/guardian is available for the Mandatory Parent Meeting to fill out all required forms.**
- ☐ **We are not available for the Parent Meeting. (*Please speak with the director after today's audition.*)**
- ☐ **I have a concern which I would like to discuss with the director prior to casting the show. Please have the director contact me at the following phone number: _____**
- ☐ **Please sign me up for the DMTC e-newsletter.**

Parent Signature

Date

Auditioner Signature

Date

****If for any reason you are unable to commit to the financial and volunteer requirements as listed above, please speak with the director before today's audition. Scholarship and/or sponsorship applications are available.***

Other Notes:

If an actor drops out after casting, it may impact their future roles for DMTC YPT productions.

Actors are discouraged from being cast in both the DMTC Main Stage and YPT shows at the same time.

Special permission from both directors must be obtained before a young performer can participate in both shows.

Auditioner's Name: _____

Age: _____

Preferences: Will you accept ensemble? (circle one) Yes No

Roles preferred _____ Will you accept other roles? No Yes

◇ Check here if: I will only accept a role if my sibling / friend, _____, is also cast in the production.

Experience: (List experience or attach resume. Please attach another sheet if this space is not enough.)

Schedule/Conflicts:

Please cross out any date where you have a scheduled conflict during the rehearsal period. Include all dates **whether or not a rehearsal is scheduled**. If the director offers you a role, it means that they will work around your listed conflicts. If you do not mention a conflict, unless you are ill or have an emergency situation, **you are expected to be at rehearsal**. No conflicts permitted during tech week or performances.

Place an X through the dates of all conflicts. Please use the space at the bottom of this page to make any special notes.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1/20 Read thru 4:30-6:30 Parent Mtg 5:30-6:30	1/21 4:30 - 6:30	1/22 4:30 - 6:30	1/23 4:30 - 6:30	1/24	1/25
1/26	1/27 4:30 - 6:30	1/28 4:30 - 6:30	1/29 4:30 - 6:30	1/30 4:30 - 6:30	1/31	2/1
2/2	2/3 4:30 - 6:30	2/4 4:30 - 6:30	2/5 4:30 - 6:30	2/6 4:30 - 6:30	2/7	2/8
2/9	2/10 4:30 - 6:30	2/11 4:30 - 6:30	2/12 4:30 - 6:30	2/13 4:30 - 6:30	2/14	2/15
2/16	2/17 4:30 - 6:30	2/18 4:30 - 6:30	2/19 4:30 - 6:30	2/20 4:30 - 6:30	2/21	2/22 Work Day Preproduction
2/23 Preproduction Work Day	2/24 4:30 - 6:30	2/25 4:30 - 6:30	2/26 4:30 - 6:30	2/27 4:30 - 6:30	2/28	2/29 Preproduction Work Day
3/1 Preproduction Work Day	3/2 4:30 - 6:30	3/3 4:30 - 6:30	3/4 4:30 - 6:30	3/5 4:30 - 6:30	3/6	3/7 Preproduction Work Day
3/8 Preproduction Work Day	3/9 TECH WEEK 4:00-8:00	3/10 TECH WEEK 4:00-8:00	3/11 TECH WEEK 4:00-8:00	3/12 TECH WEEK 4:00-8:00	3/13	3/14 OPENING SHOW 2:00
3/15	3/16	3/17	3/18	3/19 SCHOOL SHOWS 9:15am & 12 noon	3/20	3/21 SHOW 2:00
3/22	3/23	3/24	3/25	3/26	3/27	3/28 SHOW 2:00
3/29 4/5 SHOW 2:00 MANDATORY STRIKE	3/30	3/31	4/1	4/2	4/3 SHOW 7:00	4/4 SHOW 2:00

Please check one of the following: ◇ I have listed all conflicts above. ~ or ~ ◇ I do not have any conflicts

PARENT ACKNOWLEDGEMENT FORM

Mission Statement

Davis Musical Theatre Company (DMTC) is an all- volunteer organization. The primary goal of DMTC's Young Performers' Theatre (YPT) is to provide opportunities for children of various ages and diverse backgrounds to participate in and experience theater. Through exposure to the theater arts, YPT participants improve their theater skills and learn about the process of bringing a production to a successful presentation. By taking part, participants are given opportunities to build organizational skills, self-confidence and positive character.

I acknowledge the following parent requirements by initialing next to each:

_____ I understand that I **must** advise the director or audition coordinator if my child has any medical conditions, special needs, or occasional behavioral issues. (Examples include: frequent migraines, anxiety, challenges with attention, sensory processing issues, need for a service dog, etc.) This information will be held in confidence. Please call me at this phone number to discuss (if relevant)_____.

Note -- such conditions or needs do not influence casting if the director feels that your child is ready to be in a show based on their audition. Knowing about special issues simply allows the director to understand your child and work with them to perform their best.

_____ I understand that a parent/other adult is required to perform volunteer hours before and/or during the production (25 hours for one child, 35 hours for 2 children and 40 hours for 3 or more children).

_____ I understand that a parent/other adult must attend "strike" which follows the final performance on Sunday, **April 5, 2020** (dismantling sets, returning costumes, theater cleaning, etc.).

_____ I understand that there is a mandatory Parent Meeting for all children who are selected for the cast. A \$100 administration fee and a \$75 costume fee will be collected at that time for this production.

_____ I will speak to the director or the audition coordinator today if it is a hardship for my family to commit to the financial or volunteer requirements as listed. The theater is willing to create a plan for volunteer hours, scholarships and/or payment plans, as needed.

Parent Name _____ (Print) Auditioner Name _____ (Print)