



eTc BAY AREA EDUCATIONAL THEATER COMPANY 2018 Audition Form

Name: _____

Phone: (____) _____

Age: _____ Height: _____ Weight: _____

Are you interested in a speaking / specialty role? Yes No

If yes, which role(s) are you auditioning for? _____

Are you available for callbacks, if needed? Yes No

Are you willing to accept any part*? Yes No

If offered a speaking/ specialty part, can you make the extended rehearsal hours (Mondays)? Yes No

_____ (initial) I understand that my participation in all 8 mainstage shows is expected in order to maintain the highest quality production. Any conflict, due to a school/work hardship, will be discussed with the stage manager and director during auditions and will be noted on the conflict sheet.

List your show experience, starting with most recent: (use back or separate sheet of paper, if necessary)

SHOW _____ ROLE _____ COMPANY _____
SHOW _____ ROLE _____ COMPANY _____
SHOW _____ ROLE _____ COMPANY _____
SHOW _____ ROLE _____ COMPANY _____

List any related instruction received: (singing, dancing, musical instrument, gymnastics, etc...)

CLASS _____ #YEARS _____ COMPANY _____
CLASS _____ #YEARS _____ COMPANY _____
CLASS _____ #YEARS _____ COMPANY _____
CLASS _____ #YEARS _____ COMPANY _____

List any other special talents: _____

PROMISE:

Though it is hard at times to sit quietly and pay attention, I agree to work my hardest, and follow the directions of the creative team. I know this is in the best interest of the show and helpful to my fellow actors.

- I agree to wear the FULL costume as approved or assigned by the costume designer & director. _____ (initial)

SIGNED: _____ DATE: _____

Please bring this completed form, the completed conflict form, and the signed behavior guidelines to your audition.

Thank You and Break a Leg!

Bay Area e.T.c.

* Reminder: No refunds will be given after auditions.

Bay Area e.T.c. is a non-profit organization and admits participants of any race, color and national or ethnic origin.

Bay Area Educational Theater Company (e.T.c.) Attendance and Conflicts Policy

Participation in e.T.c. requires a high level of commitment on the part of the actor and their family. It is imperative that actors attend all scheduled rehearsals. Missing rehearsals negatively impacts the actors who are present and significantly slows the progress of the show. It is the actor's responsibility to keep up with all rehearsal activities (blocking, lines, choreography, music, etc) regardless of conflicts and absences. e.T.c.'s attendance policy has two components: Conflicts and Other Absences.

Conflicts

1. e.T.c. must be informed of all conflicts for the entire season by the participant's audition date. All conflicts (sports, camps, vacations, dance, band, social, church, and school related activities, etc.) should be detailed on the Conflicts Form. This information enables the Directors to develop a detailed rehearsal schedule based on the cast members who are and are not available on any given date.
2. Conflicts that are submitted prior to the deadline will be approved and permitted as excused absences, provided that:
 - a. They do not fall on the Mandatory rehearsal days, during Tech Week, or during any performance; and
 - b. The actor acknowledges that the number of missed rehearsals due to conflicts may impact the level of his/her participation in the show (i.e. they may not be given a featured role, or participation in scenes may be limited).
3. As you become aware of other conflicts, please submit the dates immediately to the Production Coordinator or Stage Manager for the show. Any conflicts submitted after the audition date must be submitted in writing or by email and approved by the Director at least two (2) weeks in advance, or it will be considered an unexcused absence. Approval is not guaranteed, but is subject to the Director's discretion with respect to the established rehearsal schedule and *could affect your featured role and participation in scenes.*

Other Absences

1. Other absences will be considered excused only for the following reasons: actor's illness, death in the family/funeral, or religious holiday. If your actor cannot attend rehearsal due to illness, the Production Coordinator or Stage Manager for the show must be notified at least two (2) hours prior to the scheduled rehearsal time via email.
2. Punctuality is essential to the success of the show. Excessive tardies will be subject to consequences. Three tardies count as an unexcused absence.

Family Vacations

1. Vacations are considered excused if:
 - a. e.T.c. was informed of the vacation conflict not later than the participant's audition date;
 - b. The vacation doesn't extend past mandatory rehearsal days; and
 - c. The actor will miss no more than two (2) rehearsals
2. Vacation time under any other circumstances will be considered unexcused. We strongly encourage families to schedule vacations after the end of the production.

Consequences

1. Actors will not be dismissed from the production due to attendance issues; however their participation in a show may be limited as a result of policy violations.
2. Two (2) unexcused absences may result in:
 - a. A meeting between parent, actor and Director to discuss the actor's commitment and
 - b. Forfeiture of the actor's role, forfeiture of lines, and/or limitations on participation in scenes, depending on the established rehearsal schedule and subject to the Director's discretion

✂-----

I have read, and agree to abide by the Conflict and Absence Policy as stated above.

Actor's Name (Print)

Parent/Guardian or Adult Participant Signature

Date

The Wizard of Oz 2018

Critical Dates and Times

COMPANY COPY – PLEASE SUBMIT AT THE TIME OF YOUR AUDITION

Rehearsal Dates – please circle dates to indicate any conflicts – DUE at Audition: August 18th or 19st

Sat Aug 25	Sun Aug 26	Mon Aug 27	Sat Sep 1
Sun Sep 2	Mon Sep 2	Sat Sep 8	Sun Sep 9
Mon Sep 10	Sat Sep 15	Sun Sep 16	Mon Sep 17
Monday rehearsals tentative for main characters and specialty dance only No conflicts after Sep 22 <i>No Rehearsals on Sun Sep 2, Mon Sep 3 (Labor Day Weekend)</i>			

Notes regarding conflicts: _____

I have provided all known conflicts I have NO known conflicts

 Actor's Name (Print) Parent/Guardian or Adult Participant Signature Date

Mandatory Rehearsal Dates – Times subject to change

Dates	Time	Who
Saturday, Sep 22	1:00 pm – 6:00 pm	All Cast
Sunday, Sep 23	11:00 am – 6:00 pm	All Cast
Saturday, Sep 29	1:00 pm – 6:00 pm	All Cast
Sun, Sep 30	11:00 am – 6:00 pm	All Cast
Saturday, Oct 6	1:00 pm – 6:00 pm	All Cast
Sunday, Oct 7	11:00 am – 6:00 pm	All Cast
Saturday, Oct 13 final rehearsal	1:00 pm – 6:00 pm	All Cast

Mandatory Tech Week at Carlmont Performing Arts Center (CPAC) – All Cast Called – Times subject to change

Date	Call Time	Vacate Theater	Schedule
Sunday, Oct 14	11:30 am	5:30 pm	Cue to Cue (bring lunch)
Monday, Oct 15	5:30 pm	9:30 pm	Tech Rehearsal
Tuesday, Oct 16	5:30 pm	9:30 pm	Full Dress Rehearsal
Wednesday, Oct 17	5:30 pm	9:30 pm	Full Dress Rehearsal
Thursday, Oct 18	6:00 pm	9:30 pm	Community Show
Friday, Oct 19	6:30 pm	10:00 pm	Evening
Saturday, Oct 20	1:00 pm	5:00 pm	Matinee
Sunday, Oct 21	1:00 pm	5:00 pm	Matinee
Thursday, Oct 25	6:30 pm	10:00 pm	Community Show
Friday, Oct 26	6:30 pm	10:00 pm	Evening
Saturday, Oct 27	1:00 pm	5:00 pm	Matinee
Sunday, Oct 28	1:00 pm	Strike follows	Matinee
Sunday, Oct 28	End of show	8:00 pm (approx.)	Strike

Note to Parents, Cast and Crew: Due to our contractual agreement with the Carlmont Performing Arts Center, the theater will be opened at "Call Time" for all rehearsals and performances. At the time designated above as "Vacate Theater" – Carlmont High School will turn off the lights and secure the theatre. We would very much appreciate your timely arrival and departure.

The Wizard of Oz 2018

Critical Dates and Times

ACTOR COPY

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Fall 2018 Emergency Form

Name _____ DOB _____ Age _____
(Last, First)

Name _____ DOB _____ Age _____
(Last, First)

Name _____ DOB _____ Age _____
(Last, First)

Name _____ DOB _____ Age _____
(Last, First)

Address _____ City _____ Zip _____

Primary phone# (_____) _____ - _____ Alternate phone# (_____) _____ - _____

Allergies, medical limitations or special needs _____

Parent/Guardian Names and Contact Information

Name _____ Relationship _____ phone# (_____) _____ - _____

Name _____ Relationship _____ phone# (_____) _____ - _____

In case of emergency, list the names and phone number of persons to contact if the above are not available.

Name _____ Relationship _____ phone# (_____) _____ - _____

Name _____ Relationship _____ phone# (_____) _____ - _____

Physician to be called in the event of an emergency

Name _____ phone# (_____) _____ - _____ specialty _____

Address _____ City _____ Zip _____

If physician cannot be reached, what action should be taken? _____

Administrative procedures vary among medical personnel and medical facilities with regard to provision of medical care for a child in the absence of the parent. It is the responsibility of the parent/guardian to verify the exact procedure required by the physician to be used in emergencies should it be necessary to contact the doctor for treatment.

Medical Insurance Carrier _____ Group/Member Number _____

Permission for medical treatment: In case of an accident or an emergency, I authorize a staff member of e.T.c. to take my child to the above named physician or the nearest emergency hospital for such emergency treatment and measures as are deemed necessary for the safety and protection of the child at my expense.

SIGNATURE of RELEASE _____ **DATE** _____
(Parent or Guardian if student is under the age of 18)

Through acceptance of this registration form, I realize that no medical insurance is provided for Bay Area Educational Theater Company activities and agree to assume the risk for any injury related to my participation or the participation of my dependent. I agree to make no claims against Bay Area Educational Theater Company or any of its officers, employees or volunteers for any injury or incident arising from this activity, however caused, including liability for negligence. I am physically able (or my dependent is physically able) to participate in this activity. I realize that Bay Area Educational Theater Company is also not responsible for lost or stolen articles.

SIGNATURE of RELEASE _____ **DATE** _____

Audition Critique Form – Vocals

Name: _____

Show: Wizard of Oz – Fall 2018

Phone Number: _____

Song: _____

Staff Use Only:

Vocal Range: _____

SKILL	Needs Practice	Almost There	Bull's Eye
<u>Technique:</u>			
Diction			
Rhythm			
Tone			
Pitch			
Volume			
<u>Presentation:</u>			
Song Choice			
Overall Presence			

My favorite part was _____

Opportunities for growth during this production:

Audition Critique Form – Monologue

Name: _____

Show: Wizard of Oz – Fall 2018

Phone Number: _____

Monologue: _____

Staff Use Only:

SKILL	Needs Practice	Almost There	Bull's Eye
<u>“Be Seen”</u>			
Vocal Expression			
Physical Expression			
Movement (Use of space)			
<u>“Be Heard”</u>			
Volume (Projection)			
Clarity			
<u>“Be Brave”</u>			
Monologue Choice			
Pacing			
Demonstrates Levels			
Overall Presence			

My favorite part was _____

Opportunities for growth during this production:

Audition Critique Form – Dance

Name: _____

Show: Wizard of Oz – Fall 2018

Phone Number: _____

Staff Use Only:

SKILL	Needs Practice	Almost There	Bull's Eye
<u>Showmanship:</u>			
Confidence			
Facial Expression			
Energy			
<u>Technique:</u>			
Placement			
Balance			
Accuracy of Steps			
<u>Rhythm:</u>			
Timing and Phrasing			
Quality of Movement			
Transitions			

My favorite part was _____

Opportunities for growth during this production:

Bay Area eTc - Costume Measurement Form

Please indicate size number (not S M L) - also indicate Y for youth sizes

Name: _____ Phone: _____

Dress Size (girls) _____ Suit/Jacket Size (men/older boys) _____

Shirt Size (#) _____ Pants Size (#) _____ Shoe Size _____

Chest _____ Height _____

Waist _____ Pants Inseam (Crotch center to leg bottom) _____

Hip _____ Shoulder to Shoulder Measure _____

Costume Committee Use only:

Group: _____ Specialty Role _____