



**Little Shop of Horrors Audition Form**



**Name:** \_\_\_\_\_ **Pronouns:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Eyes:** \_\_\_\_\_ **Hair:** \_\_\_\_\_

**Vaccination Status:** \_\_\_\_\_

**Are You Open to the Following?**

Performing as an Ensemble Member? YES NO

Taking on an Understudy Role? YES NO

Performing a role that involves physical intimacy? YES NO

Performing or observing (choreographed) romantic/sexual contact with others? YES NO

Performing or observing non-sexual contact with others? YES NO

Performing text discussing or alluding to sexual violence? YES NO

Performing or observing profanity? YES NO

Performing a character with he/him pronouns? YES NO

Performing a character with she/her pronouns? YES NO

Being in close proximity to others indoors masked? YES NO

Being in close proximity to others indoors unmasked? YES NO

**Specifics:**

**Vocal Range:** \_\_\_\_\_

**Desired Role(s):** 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

**Shirt Size:** \_\_\_\_\_ **Shoe Size:** \_\_\_\_\_ **Pant Size:** \_\_\_\_\_

**YOUR PREFERRED CONTACT INFO:**

**Full Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

Email Address 1: \_\_\_\_\_

Email Address 2: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**Potential medical or other conditions to note:**

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**Please list any conflicts from January 2, 2024-March 9, 2024, including weekends.**

**See the provided Tentative Rehearsal Schedule for potential rehearsal dates. If you need more paper to list, please see the volunteer.**

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**\*\*The cast list will be sent out via email no later than Friday, September 29 by 5pm.\*\***

**Rehearsals will begin Saturday, January 6, 2024! Show dates are March 2, 2024 (with potential additions TBD).**

**NO ONE may miss tech rehearsals.**

**The rehearsal schedule is subject to change at the director's discretion.**

**Parent/Guardian/Self Signature:** \_\_\_\_\_

(Acknowledges ownership of a working email, confirms individual conflicts listed on the audition form, gives permission for the child/self to participate in auditions, rehearsals, cast activities, and all performances. Acknowledges all the above as relevant to child/self.)

I hereby grant permission for Ramsey Theatre Company to use photos and/or video of my child/self for publications or advertising. (TV, Print, Internet etc). \_\_\_\_\_ (Parent/Guardian/Self Initial)