



CYAG Peter Pan Audition Form

Title of Audition Song: _____

Audition Number : _____

TELL US ABOUT YOURSELF

Name _____ Age _____ Grade: _____ School: _____ Gender: Male ___ Female ___

Name of Parent(s)/Guardian(s): _____

Home Address: _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Parent Work Phone _____ Parent Cell Phone _____

Parent Work Phone _____ Parent Cell Phone _____

E-mail of Actor _____ E-mail(s) of Parent(s) _____

PART(S) YOU ARE AUDITIONING FOR

Please list the role(s) you are auditioning for: _____

Are you willing to accept a role in the ensemble: ___ Yes ___ No

Are you interested in being an Understudy: ___ Yes ___ No

Are you willing to accept a role that you did not audition for: ___ Yes ___ No

MUSIC AND DANCE EXPERIENCE

Your vocal part is: ___ Soprano ___ Alto ___ Tenor ___ Baritone ___ Bass

Years of vocal training: _____ Can you read music (**not required): ___ Yes ___ No

Can you play a musical instrument (s)? _____

Please list your experience with the following types of dance:

Jazz ___ years Modern ___ years Ballet ___ years

Do you have any acrobatic skills? If so please list: _____

ACTING EXPERIENCE

Please list your acting experience below or attach your resume:

CONFLICTS

Do you have any conflicts? Yes _____ No _____

***Please mark ALL POSSIBLE conflicts on the provided calendar

I have read the rehearsal schedule, understand it, and agree to be on time and attentive for all rehearsal unless excused. I understand that unexcused absences, chronic tardiness, and/or disruptive behavior will be considered grounds for removal from the actor's part or from the production. I understand that when all factors are relatively equal, preference will be given to Prince George's County residents and actors who have been in previous CYAG productions. I understand that tuition is due in full by the first rehearsal unless special arrangements are made with Treasurer Candy Watkins. I understand that if a cast member must leave or is removed from the production, a tuition refund will be prorated up to 30 days after the audition date. There will be no refunds after that date. Checks should be made payable to Cheverly Young Actors' Guild, Inc. (CYAG).

Actor Signature _____ Date _____ Parent Signature _____ Date _____

NOTE: YOU WILL BE CONTACTED AFTER AUDITIONS AND CALLBACKS ARE COMPLETE. IF YOU ARE NOT CONTACTED IMMEDIATELY, YOU MAY STILL BE IN CONSIDERATION FOR A ROLE. HOW WOULD YOU PREFER TO BE CONTACTED? PLEASE PROVIDE US WITH YOUR PREFERRED PHONE NUMBER AND EMAIL.

Preferred Phone Number _____

Preferred Email _____

SCHEDULE AND TUITION INFORMATION

REHEARSAL INFORMATION

Rehearsals will take place on **Tues. & Thurs. evenings from 6:30-9 pm & from 12-5 on Saturday afternoons at the Cheverly United Methodist Church.** You won't be scheduled to attend every rehearsal. Rehearsals will not be held the week of April 18th-24th due to Spring break.

SCHEDULE AT THE PUBLICK PLAYHOUSE

(There will be a total of 8 shows, two of them "field trip shows" on the mornings of Thursday, May 17th and Fri. May 18th. Your child will be required to miss school on one or both of these days in order to perform. (Normally, absences are excused because schools benefit from bringing students to see the show—We will write a letter for you to give to your teacher/principal asking for an excused absence.)

Sun May 13th - load-in/setup *

Mon May 14th - Tech rehearsal (actors required)

Tues May 15th - dress rehearsal (cast 1)

Wed May 16th - dress rehearsal (cast 2)

Thurs May 17th - 10:30 am (field trip) & 7:30 pm performances

Fri May 18th - 10:30 am (field trip) & 7:30 pm performances

Sat May 19th - 2 pm & 7:30 pm performances

Sun May 20th - 2 pm & 6:30 pm performances & STRIKE* (Theater term for taking down the set.)

PLEASE BRING A LIST OF YOUR SCHEDULE CONFLICTS TO THE AUDITION. AN ACTOR CAN LOSE A ROLE IF CONFLICTS ARE GIVEN AFTER THE AUDITION DATE.

**Parents please note times for set load-in and STRIKE. We'll need your help at these times since only those 16 and older are able to help due to Publick Playhouse guidelines. Also, we will need help from parents during all shows, including the weekday morning shows.*

TUITION

This is a tuition workshop production for ages 8-18. Tuition is \$300 for main roles and \$275 for chorus roles. (You will be charged \$75 extra per family if you prefer not to do the 10 hours of volunteer service to the show. Tuition is due at the first rehearsal. There is a late fee of \$15 per week for tuition received after the first rehearsal unless you have made special payment arrangements with our treasurer Candy Watkins.)

Some scholarships are available.

STUDENT/ACTOR WAIVER FORM

PLEASE NOTE: THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND SIGNED BY THE PARENT IN ORDER FOR THE ACTOR TO PARTICIPATE IN THE CHEVERLY YOUNG ACTORS' GUILD THEATER PROGRAM.

General Information

Name: _____ Circle: Male Female
Age: _____ Grade: _____ School: _____ Teacher's Name: _____
Name of Parent(s)/Guardian(s): _____
Home Address: _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____
Parent Work Phone _____ Parent Cell Phone _____
Parent Work Phone _____ Parent Cell Phone _____
E-mail of Actor _____
E-mail(s) of Parent(s) _____

Medical Information

Health Plan/Insurance Company _____ Policy # _____
Pertinent Medical Information (allergies, medication, injuries, etc.)

Emergency contacts

Name _____ Home Phone _____
Work Phone _____ Cell Phone _____

Name _____ Home Phone _____
Work Phone _____ Cell Phone _____

I/We, the undersigned, parent(s) of the above-named student (the "Child"), hereby consent to the participation of the Child, in the Cheverly Young Actors' Guild Training Program (the "Event") sponsored by the Cheverly Young Actors' Guild (the "Presenter").

I/We hereby irrevocably consent to and authorize the use and reproduction by the Presenter of any and all photographs, recordings, videotapes and/or other reproductions of likenesses of the Child's person or characteristics ("reproductions") which have been secured by or for the Presenter, for any purpose whatsoever without compensation to the Child. I/We authorize the Presenter or others authorized by it, to exhibit, broadcast, and/or distribute or otherwise further reproduce and said reproductions in whole in part over or in any medium whatsoever, including, without implied limitation, newsletters, radio, newspapers, closed circuit television, film, cable, and television, with or without compensation in perpetuity. I/We also release, discharge, and agree to hold harmless the producers or any persons, or entities, action under their permission or authority from any liability arising from the use of said reproductions.

I/We acknowledge and agree that I/We will be responsible for transporting the Child to and from all Event sites to participate in the Event. I/We further discharge and release the Cheverly Young Actors' Guild and its trustees, officers, employees and volunteers from any and all liability for injury, loss, damage, obligation, expense, or penalty sustained by the Child arising out of or in connection with the Child's participation in the Event.

In the event that any serious injury shall occur involving the Child, I wish for the Cheverly Young Actors' Guild supervisory personnel to take appropriate steps to notify me immediately, but if I am inaccessible for any reason, I authorize whatever medical attention is deemed appropriate for the Child.

SIGNATURE PARENT/GUARDIAN(S) _____ **DATE** _____

2011 CYAG Parent Volunteer Commitment Form (1 per family)

Name of Actor(s) in Production: _____

Parent 1: _____

Parent 1 home #: _____ Cell # _____

Parent 1 email: _____

Parent 2: _____

Parent 2 home #: _____ Cell #: _____

Parent 2 email: _____

CYAG is a nonprofit organization. To cut expenses, we require each family to provide at least 10 hours of volunteer service. Even **more hours are encouraged and needed to produce the show**. Strong parental involvement can make this a fun family project and it has allowed us to stage high quality professional productions on a relatively low budget. If parents are not able to provide at least 10 hours of volunteer service, they will be charged an additional \$75 tuition per family. If you have experience or expertise (through CYAG or elsewhere) in a particular area relevant to volunteer needs, please note that on the back of your sheet in addition to checking the boxes below.

COORDINATORS

- Backstage (Dressing room)
- Backstage (Moving sets)
- Cast Party
- Makeup Design/Crew
- Props Collection
- Ticket Sales to Schools

- Set Building/Painting
- Set Put-In & Strike
- Ticket Sales for Field Trip Shows
- Ushering
- Other

I AM INTERESTING IN HELPING WITH:

- Backstage (Dressing room)
- Backstage (Moving sets)
- Backstage (Flying)
- Cast Party
- Clerical/photocopying
- Grantwriting
- Makeup Design/Crew
- Props Collection
- Props Management (at theater)
- Publicity/Advertising/Flyers
- Coordinating a Fundraiser

- T-shirt design
- T-shirt orders and distribution
- Set Building
- Painting the Set
- Set Put-in & Strike
- Sewing
- Chocolate/Souvenir Sales
- Ushering
- Website
- Photography (must submit samples of work)
- Other (please specify)

I AM UNABLE TO VOLUNTEER AND CHOOSE TO PAY AN ADDITIONAL \$75.

PARENT SIGNATURE _____ DATE _____