

Kirk Players Audition Form: Trials of Robin Hood

PLEASE LIST ALL SCHEDULING CONFLICTS ON THE NEXT PAGE. Important dates for this show are also listed.

YOUR CONTACT INFO - PRINT YOUR NAME AS YOU WANT IT TO APPEAR IN THE PROGRAM

NAME _____ Birth Date: ____/____/____ Age: _____

PARENT OR GUARDIAN'S NAME(s) (if under 16 year of age) _____

HOME PHONE # _____ CELL PHONE # _____

HOME ADDRESS _____ CITY, State Zip _____

EMAIL ADDRESS _____

HAVE YOU EVER AUDITIONED FOR THE KIRK PLAYERS BEFORE? (circle one) Yes No

WHAT WOULD YOU LIKE TO DO FOR THIS SHOW?

List the roles in which you are interested BY PREFERENCE.

1st _____ 3rd _____

2nd _____ 4th _____

WILL YOU ACCEPT ANY ROLE? (circle one) Yes No

WHAT'S YOUR THEATRE BACKGROUND?

LIMITED TO THE SPACE BELOW, PLEASE LIST SIGNIFICANT ROLES THAT YOU HAVE PLAYED IN THE PAST

YEAR	THEATRE:	PLAY (Title)	ROLE:

LIMITED TO THE SPACE BELOW, PLEASE LIST ANY BACKSTAGE CREWS OR MANAGEMENT YOU HAVE WORKED ON:

YEAR	THEATRE:	PLAY (Title)	ROLE (crew or management title)

Actors, Production Team and Crew are required to be fully vaccinated for Covid-19. Proof of vaccination required to audition. If you have a medical condition that prevents you from being vaccinated, please e-mail Gretchen at artisticdirectorgg@gmail.com
Masks must be worn at all times during rehearsals and performances.

Are you fully vaccinated against Covid-19 (Yes/No)?

Are you exhibiting any Covid-19 symptoms: fever, sore throat, congestion, severe cough, loss of taste/smell (Yes/No)?

Have you been in close contact with anyone who has tested positive for Covid-19 in the past 72 hours (Yes/No)?

Signature * _____ Date _____

Parent or Guardian if under 16 *

**By signing this form I hereby give my consent (if cast) for Kirk Players to use my name and image in its publicity and advertising activities. This includes, but is not limited to, newspapers, radio, web site, and social media networks.*

Schedule Conflicts: The Trials of Robin Hood

Rehearsals are 7:00 - 9:00 at Mundelein High School unless otherwise specified.

Name:	e-mail:	Phone:
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Please draw an X through dates you are unavailable for. Make a note for any dates you will be late.
Rehearsal Dates Subject to Change - Please mark all conflicts

Sun	Mon	Tue	Wed	Thu	Fri	Sat
Jan 23	Jan 24 Read through Cast & Crew	Jan 25	Jan 26 Rehearsal	Jan 27 Rehearsal	Jan 28	Jan 29
Jan 30	Jan 31 Rehearsal	Feb 1	Feb 2 Rehearsal	Feb 3 Rehearsal	Feb 4	Feb 5
Feb 6	Feb 7 Rehearsal	Feb 8	Feb 9 Rehearsal	Feb 10 Rehearsal	Feb 11	Feb 12
Feb 13	Feb 14 Rehearsal	Feb 15	Feb 16 Rehearsal	Feb 17 Rehearsal	Feb 18	Feb 19
Feb 20	Feb 21 Rehearsal	Feb 22	Feb 23 Rehearsal	Feb 24 Rehearsal	Feb 25	Feb 26
Feb 27	Feb 28 Rehearsal	Mar 1	Mar 2 Rehearsal	Mar 3 Rehearsal	Mar 4	Mar 5
Mar 6	Mar 7 Rehearsal	Mar 8	Mar 9 Rehearsal	Mar 10 Rehearsal	Mar 11	Mar 12
Mar 13	Mar 14 Rehearsal	Mar 15	Mar 16 Rehearsal	Mar 17 Rehearsal	Mar 18	Mar 19 Set build
Mar 20 Set build Tech week	Mar 21 Tech week	Mar 22 Tech week	Mar 23 Tech week	Mar 24 Tech week	Mar 25 Performance 7 PM	Mar 26 Performance 2 & 7 PM
Mar 27 Performance 2 PM / Set strike	Mar 28	Mar 29	Mar 30	Mar 31	Apr 1	Apr 2