

**“Clue the Musical” and “Sounds of the 60’s”  
AUDITION FORM**

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Parent Cell \_\_\_\_\_ Cast Member Cell \_\_\_\_\_

Parents email \_\_\_\_\_ Cast Member email \_\_\_\_\_

**REHEARSAL SCHEDULE CONFLICTS**

Dates \_\_\_\_\_ Reason \_\_\_\_\_

Dates \_\_\_\_\_ Reason \_\_\_\_\_

Dates \_\_\_\_\_ Reason \_\_\_\_\_

1. I will accept: Any part  Only a large part  Only a small part

2. If cast I will attend every rehearsal except for previously listed commitment, sickness or emergencies. After two unexcused absences (no shows) I understand I will be lose my part and/or be removed from the cast with no tuition refund.  
Yes  No

3. I agree to not audition for any show which could conflict with *Clue the Musical* or *Songs of the 60’s*.  
Yes  No

4. If not cast I am interested in helping with tech or backstage.  
Yes  No

I give permission for \_\_\_\_\_ (print neatly) to audition for *Clue the Musical & Sounds of the 60’s*. I have read, understand and agree to the stipulations listed above and in the “Audition Procedure & Casting Information”.

**I understand tuition for CLUE is \$350 & the tuition for THE SOUNDS OF THE 60’s is \$200** and agree to pay in full by May 28th unless previous arrangements have been made.

I also understand I am responsible for my child’s transportation and will make sure he/she arrives at least **15 minutes prior to the scheduled rehearsal start.**

**No cell phone use is permitted during rehearsals unless recording vocal parts.**

I will contact **Karen Wagner 203-494-1633** at least **one hour prior to start** time if my child cannot attend a rehearsal for any reason except those listed as conflicts.

**Hold Harmless**

By submitting this application and waiver, you release WISP Performances and its affiliates and employees from all claims related to any injury which may be sustained by you or your child while attending any of our workshops, performances, rehearsals or events associated with WISP Performances. You affirm that you currently have and will continue to carry proper medical, health, hospitalizations and accident insurance, which you consider adequate for you and your child.

**Photo Waiver**

We would like your permission to use your child’s photo in our advertising, including but limited to social media, print media and possible TV.

\_\_\_\_\_  
Cast Member’s Signature

\_\_\_\_\_  
Cast Member’s Printed Name

\_\_\_\_\_  
(IF UNDER AGE 18) Parent’s/Guardian’s Printed Name

\_\_\_\_\_  
(IF UNDER AGE 18) Parent’s/Guardian’s Printed Name

**\*\*THIS FORM AND THE PLEDGE MUST BE BROUGHT TO THE AUDITION\*\***

**EXPERIENCE (List last three only)**

\_\_\_\_\_ DATE \_\_\_\_\_ PLAY \_\_\_\_\_ PART \_\_\_\_\_

Have you ever taken dance lessons? Yes  No   
If yes, describe below.

Have you taken voice lessons? Yes  No

\_\_\_\_\_ TYPE OF LESSONS \_\_\_\_\_ WHEN \_\_\_\_\_ HOW LONG \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

**Vocal**

**Acting**

**V** 1 2 3 4 5 6 7 8 9 10

**A -** 1 2 3 4 5 6 7 8 9 10

**B T A S** SQ

**Attach a small picture here**

