

Falls Patio Players Audition Form – Miss Holmes Returns

Audition #\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pronouns: (Optional)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_ or [ ] Over 18 Height: \_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Email (if under 18): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List specific role(s) you are interested in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you accept another role? \_\_\_\_\_\_\_\_\_\_

If auditioning as a family or group, please note that casting together is not guaranteed. If someone in your family or group is not cast, will you decline a role? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Check if interested in helping with crew/set construction when not scheduled for rehearsal

[ ] Check if you have a family member interested in crew/set construction

[ ] Check if you would like to be added to the Falls Patio Players email list

Please tell us how you learned about the audition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The rehearsal schedule will begin on December 16, 2024, and there will be a holiday break December 19, 2024, to January 5, 2025. Please list ALL rehearsal conflicts beginning December 16, 2024, through February 6, 2025 (please include weekends):

Audition#\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list previous experience (show, date, role, company, director) and any formal training (such as dance, voice, acting, stage combat – type, years, instructor, school). Continue on another sheet, if necessary.

Falls Patio Players strives to be a family oriented, safe, and inclusive organization and as such, we have a list of expectations anyone associated with a production is asked to abide by. These expectations are not intended to be punitive. The expectations are in place to ensure that as a company we are compliant with requirements and regulations the company is responsible to uphold, and to assure a warm, welcoming all-inclusive environment.

**Please read and acknowledge the following important messages by providing a signature below:**

* Cast members are required to join Falls Patio Players (FPP) with an annual membership fee of $10.00 per individual or $20.00 per family, which is valid for the 2024-2025 season.
* As an affiliate of the Menomonee Falls Education & Recreation Department, FPP is required to have a policy in place requiring a background check. FPP will perform a background check on all cast and crew ages 14 and older.
* For the courtesy of all, and to allow ample time for casting notifications to go out, please note that Social Media posts (Facebook, Twitter, Instagram, etc.) referencing call backs, offers or declines are not permissible until the first rehearsal has concluded.
* For the safety of all, anyone engaging in, or displaying inappropriate conduct of any type, including being under the influence of alcohol or other substance, as deemed by any member of the production team or executive committee of the FPP board of directors, will be asked to leave the premises and risks removal from the production.
* The use of tobacco, illegal drugs, and possession of any type of weapon are strictly prohibited on school district property and anytime one is in costume representing Falls Patio Players.
* For the respect of all, anyone engaging in inappropriate conversation, comments, bullying of any form, harassment of any type, may be asked to leave the premises.
* It is not permissible to record any aspect of the production covered by any license and/or contract including such things as music, lyrics, acting, dancing, design, etc. unless specified by a member of the Executive Committee of the FPP Board of Directors or members of the production team.
* The use of cameras, video devices or photo/video features on a personal cell phone are **strictly prohibited during any *performance*** **backstage, in the wings, from the house, etc.** Failure to follow this expectation may negatively impact the individual violating this expectation, the performance and company.
	+ Please note that any member of the Executive Committee has the authority and responsibility to confront anyone violating this expectation.
* The production staff reserves the right to require a facial mask at rehearsals if respiratory virus transmission threatens the success of the production.
* The FPP Executive Committee will review any/all violations within this list of expectations and if deemed necessary, has the right to remove any violator from the premises, or production.
* Permission is granted to Falls Patio Players to use my/my child’s image in photos and videos to promote the organization. (Please strike through if permission is denied).

**Miss Holmes Returns** performances are February 7 through 16, 2025 (Friday through Sunday) at 7:30 PM. All actors also must be available for all performances.

I acknowledge the information provided and understand that I (or my child) have requested to participate in a program sponsored by the Falls Patio Players, Inc. I further understand that with my/our acceptance and participation there is inherent risk, and I assume full responsibility for any illness or injuries incurred by me/my child while participating in this program.

Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant/Consenting Adult: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_