



Audition Instructions

- 1 – Sign-up for an audition time slot through our website. *Limited spots available.*
www.moveproductions.theater/fullproductions
- 2 – Prepare for your audition: Pick a monologue from the list provided in your confirmation email and 30 seconds of a song of your choice
- 3 – Complete the audition form (*this document*) before your audition or arrive early to complete it at your audition
- 4 – Attend your in-person Audition
June 7th from 6:00pm – 9:00pm
The in-person audition will be held at The Bridge Church during your specific time slot. You will perform your monologue and song for the Director, Choreographer and Stage Manager. Please remember to wear your masks.
- 5 – Callback List will be emailed and posted on June 10th and held Friday, June 11th from 4pm – 6pm at Barrington Campus Life Center, by invitation only

Cast List will be posted by Friday, June 18th. Rehearsals start Tuesday, June 22nd at 4pm.

**Please contact us if you would like to audition but cannot make the posted time slots,
or if you have any questions.**

moveproductions.theater@gmail.com
(224) 228-6504

Due to COVID-19 there is a possibility rehearsal or performance locations could change. We will keep you updated, through email with any changes. Thank you!



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Audition Form

Wizard of Oz

Please fill out information below or circle the appropriate choice.

Full Name: _____

Age: _____ Height: _____ Eye color: _____ Hair color: _____

Gender: MALE FEMALE

Audition Monologue: _____**Audition Song:** _____**Role(s) you are auditioning for:** _____Would you accept any female role? YES NOWould you accept any male role? YES NOWould you accept an ensemble role? YES NODo you have singing experience? YES NODo you read music? YES NO

Range and number of years _____

Do you have any dance experience? YES NO

Style and number of years _____

Any previous performance experience? If not, no worries! Welcome to theater!

Show/Role: _____ Company: _____

Show/Role: _____ Company: _____

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Show/Role: _____ Company: _____

Show/Role: _____ Company: _____

Any other special talents? (Gymnastics, acrobatics, musical instrument, juggling, etc...)

Medical or other conditions: (Diabetic, asthmatic, serious allergies, dietary restrictions, ADHD, etc...)

Do you have any conflicts with the rehearsal schedule? *Please list all conflicts.*

Rehearsals: (6/22-7/7) Tuesday/Wednesday 4pm – 6pm & (7/13-8/5) Tuesday/Wednesday/Thursday 4pm – 6pm

Mandatory Dates: Tech Week: Aug. 8 – 11 evenings **Performances:** Aug 12th/13th at 7pm & 14th at 2pm

CONTACT INFORMATION

Parent or Guardian Name: _____

Relationship: _____

Cell Phone: _____ Email: _____

Address: _____

Interested in volunteering (Concessions / Green room help / Etc...)? YES NO

There will be a Parent/Guardian Meeting during the first week of rehearsals.

EMERGANCY CONTACT

Someone different than above

Name: _____

Relationship: _____ Phone number: _____

*Thank you so much for your interest in our production.
We look forward to working with you!*

