**Auditions will be held at Theater on the Run, 3700 South Four Mile Run, Arlington, VA**

Please print **CLEARLY**. Seriously. No, clearer than that. Look again. Can we read it?

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Primary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Can we read these numbers? Really?)

E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Note: Casting Regrets will be handled via email; please check your email is legible.

Age (or age range):\_\_\_\_\_ Pronouns: \_\_\_\_\_\_\_\_\_\_\_\_\_

Covid-19 Vaccination (Note vaccination status will not affect casting decisions. Cast members not vaccinated will wear masks.)

Have you been vaccinated for covid-19? \_\_\_\_ Yes \_\_\_\_ No

Please initial/complete all that apply:

\_\_\_\_ I would like to audition for the role(s) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ I am interested in being considered for other roles

Are you willing to alter your hairstyle? \_\_ Yes \_\_ No

Are you willing to perform on stage in your underwear? \_\_ Yes \_\_ No

Are you comfortable engaging in close personal contact with other cast members, including kissing? \_\_ Yes \_\_ No

Please indicate your Previous Experience on the Back of this form: (or attach separate sheet or resume).

May we add you to Dominion Stage’s email/mailing list? \_\_\_ Yes \_\_\_ No **/** Interested in a technical role if not cast ? \_\_\_ Yes \_\_\_ No

**LIABILITY WAIVER**

In consideration of the rights granted Dominion Stage (DS) allowing the undersigned to participate in any DS activity, the undersigned releases and discharges DS and it's officers and agents from any and all liability of any nature rising from damage and/or injury which may be sustained by the undersigned in consequence of, or in any other relating participation in, any and all rehearsals for productions, and all other DS activities at any time during the undersigned affiliation with DS. As part of this liability release, and for insurance purpose, I also agree to join Dominion Stage as a member, paying the $25 performance membership fee prior to the start of the production/rehearsal process. I agree to wear the costumes, makeup and hair designed for me, and, as required, provide my own shoes, hose and/or socks, as approved by the designer. I will participate in the load in/reset and strike of the set.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**NOTE: If you are under 18, parental permission is required. Parents should be in attendance during the audition and callbacks. If cast, the parent/guardian will be required to participate in select administrative and rehearsal events.**

Please indicate your Previous Experience: (or attach separate sheet or resume)

**Role Production Name & Year Theatre Name & Location**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(Continue as necessary)