



Land Of The Dinosaurs, LLC  
 (877) DINOLAND  
 www.landofthedinosaurs.com

ATTACH SNAPSHOT HERE  
 Auditioner Number

**Audition Form** (Please Feel Free To Attach Your Resume' And Headshot In Addition To Filling Out All Forms AND Signing All Releases)

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

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

Contact Number: \_\_\_\_\_

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

AGE: \_\_\_\_\_ Current Grade: \_\_\_\_\_

**ROLES**

Richard : 45ish

Helena : 39ish

Jeremiah : 19-21

Ginger : 19-21

Holly : 10-14

Harry : 10-14

Roles Auditioning For: \_\_\_\_\_

|  |            |           |
|--|------------|-----------|
| Are You Willing To Accept A Different Role If Offered?   | <b>YES</b> | <b>NO</b> |
| Are You Willing To Accept An Understudy Role If Offered? | <b>YES</b> | <b>NO</b> |
| If Not Cast Are You Interested In Backstage Crew?        | <b>YES</b> | <b>NO</b> |

What Is Your Vocal Range? **SOPRANO ALTO TENOR BARITONE BASS**

Is This Your First Time Auditioning For LotD? **YES NO**

List Your Most 5 Recent **ACTING** And/Or **TECHNICAL** Experience In The Chart Below:

| SHOW | ROLE | LOCATION |
|------|------|----------|
|      |      |          |
|      |      |          |
|      |      |          |
|      |      |          |
|      |      |          |

**OFFICE USE ONLY:**

MONO:    AA            A            BA            Other \_\_\_\_\_

SONG1:   AA            A            BA            Other \_\_\_\_\_

Range: \_\_\_\_\_ To \_\_\_\_\_

VQ:            BLT            LYR            RC            BLD            OP            CHR

## INFORMATION

|                                  |  |
|----------------------------------|--|
| Name: _____                      | School: _____  |
| Address: _____                   | School Hours: _____                                      |
| _____                            | Work/Other: _____  |
| City: _____ ST: _____ Zip: _____ | Work/Other Schedule: _____                               |
| Email Address: _____             | Age: ____ Date of Birth: _____ Gender: <u>M</u> <u>F</u> |
| Phone 1: _____                   | Height: _____ Weight: _____                              |
| Phone 2: _____                   | Hair Color: _____ Eye Color: _____                       |

## Preferences

**CIRCLE All Answers That Apply**

1. Are You Willing To Dye/Cut Your Hair?      **DYE**      **CUT**      **NO THANKS**

2. Do You Wear Glasses Or Contacts?      **GLASSES**      **CONTACTS**      **NEITHER**  
Do You Need To Wear Them On Stage?      **YES**      **NO**

3. How Did You Hear About This Audition?      **FRIEND**      **EMAIL**      **NEWSPAPER**      **WEBSITE**  
Which One? \_\_\_\_\_

4. Do You Take Lessons?      **VOCAL**      **ACTING**      **DANCE**      **INSTRUMENTAL**  
Details(what instrument, instructor name) \_\_\_\_\_

5. Do You Have Any Special Skills That May Be Of Interest To The Director?      **YES**      **NO**  
If So, Please List Them Here. \_\_\_\_\_  
\_\_\_\_\_

## **PHOTO/VIDEO/AUDIO RECORDING RELEASE**

I, \_\_\_\_\_, hereby grant Land Of The Dinosaurs, LLC

(Cast Member Name Or Parent/Guardian Name If Cast Member Is Under 18)

permission to photograph, film, tape or record \_\_\_\_\_ as a

(Name Of Cast Member)

participant in the production Land Of The Dinosaurs.

I understand that Land Of The Dinosaurs, LLC may choose to photograph, film, tape or record this participant for publicity, documentation, ticket sales, or other purposes, and that by signing this release form I give them full permission and waive all copyright and future considerations.

**Performer/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(If Cast/Crew Member Is Under Age 18 At Time Of Audition, Have A Parent Or Guardian Sign This Waiver.)



## PERFORMER/CREW MEMBER CONTRACT

### Attendance

- I agree to attend all rehearsals and recording sessions for which I am scheduled. I understand that it is extremely important that every actor be at rehearsal when called. For the good of the show and out of respect for the actors and staff, the director must know my part is covered. Attendance is taken at each rehearsal. Unexcused absences may result in having my role in the production reduced or in the case of extended absence, I may be dismissed from the production.
- I understand that arriving more than thirty minutes late to or leaving more than thirty minutes early from a rehearsal or recording session constitutes an absence.
- I understand that I was asked to list ALL conflicts on my conflict sheet BEFORE my audition. If am not present at any rehearsals during a time NOT on my conflict sheet, it will be considered an unexcused absence. If I have one unexcused absence and I am not already doublecast or have an understudy, I may be given an understudy.
- If I have two unexcused absences, I may be doublecast and may be susceptible to losing the opportunity to perform my designated part in one or more shows.
- I agree to arrive at rehearsals early and in appropriate clothing and shoes.
- I will remain at rehearsals until the rehearsal is completed and I am excused. I understand that for my safety, if I am under age 18, I am not allowed to leave the rehearsal/theater premises without adult permission and supervision.
- I understand that work is not an excuse to miss a rehearsal.

### Behavior

- I will be respectful and courteous to the Directors, fellow cast and crew members, and volunteers.
- I will maintain a positive and cooperative attitude, and support and encourage my fellow performers and crew members. I will listen while others are being rehearsed or coached.
- I will be prepared for rehearsals with my script and a pencil.
- I will have my lines and songs and blocking memorized on due dates. I will practice outside of rehearsal.
- I understand that no food or drink is allowed on the rehearsal floor or stage.
- I will help clean up the rehearsal/performance hall and dressing rooms after rehearsal and performances.
- I know that if the Director thinks I am not fulfilling my obligations, he/she will have a conference with me that could result in my removal from the show at any time. If this does happen, I understand his/her decision is final. If I am under 18 my parents will be notified.

I HAVE READ AND UNDERSTAND THE CONDITIONS LISTED ABOVE AND AGREE TO ABIDE BY THEM.

Performer Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ DATE: \_\_\_\_\_



## RELEASE OF LIABILITY FORM

### RELEASE OF LIABILITY

Land Of The Dinosaurs does its utmost to ensure the health and safety of its participants. Parents of minor children participating in LotD productions are advised to be mindful of the fact that performance in (and rehearsing for) live theatre has the potential for risk of danger (including, but not limited to, use of costumes, use of stage props, use of stage weapons such as blades or firearms, use of stage pyrotechnics, etc).

I, \_\_\_\_\_ acknowledge that my/my child's participation in this production is voluntary. I acknowledge that I have been advised of the potential dangers of performance in live theatre. After deliberation, I elect to voluntarily participate in this production. I agree to exercise due care and diligence while participating in this production, and to heed all instructions given to me with regard to safety and procedure in the rehearsal hall / performance venue and surrounding area. I agree to hold harmless (and waive any claim or action against) Land Of The Dinosaurs, LLC, its agents, owners, directors, board of directors, producers and staff from any liability, fault or action arising from participation in this production.

Company Members Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature of Minor: \_\_\_\_\_ Date: \_\_\_\_\_