

NOTE: INFO PROVIDED HEREIN IS CRUCIAL TO OUR CASTING DECISIONS. PLEASE ANSWER THOROUGHLY AND HONESTLY. COMPLETE & BRING W/UPATED RESUME & HEADSHOT (Use back if need more space)

Name _____ AGE: _____ Email: _____

Phone/voicemail (_____) _____ - _____ Alternate Phone (Parents or Work) (_____) _____ - _____

Temporary Address (where you are living currently) Street _____

City _____ State _____ Zip _____

Permanent (Legal) Address (if different than current—ie parents): _____

Unions (check all that apply) Equity SAG/AFTRA AGMA EMC (# of weeks ____)

Theatre Related References (Name, phone, relationship)

1. _____ (_____) _____ - _____

2. _____ (_____) _____ - _____

Non-Theatre References (Name, phone #, relationship)

1. _____ (_____) _____ - _____

2. _____ (_____) _____ - _____

School(s) Degree(s) earned/Year/ Major(s)

Please list any additional training, education, classical experience not on your resume (use back if needed)

Musical instruments you play _____

Do you own? _____ Yrs of training: _____

Can you sing? How well? Can you read music? Can you sing parts? List any training you've had.

_____/_____/_____/_____/_____

Songwriting experience _____

Do you dance? What style(s)? How well? Choreograph? What kind of dance experience?

_____/_____/_____/_____/_____

What's the longest acting run you've had? Where? What?

Ever acted for children and high school students? Describe the experience (use back if needed).

AS AN ACTOR, what's the highest amount (per week) you've ever received to act? Where? What dates?

Longest term of employment of any kind? Describe job.

Sampling of non-theatre jobs you've held.

Most difficult job you've ever had? Why was it tough?

Favorite kind of boss you've worked for and why.

Least favorite kind of boss you've worked for and why.

Qualities you like in actors you work with.

Qualities you don't like in actors you work with.

Qualities you like in directors you've worked with.

Qualities you don't like in directors you've worked with.

Self assessment--Greatest acting strengths

Self assessment--Greatest acting weaknesses

What are your DREAM ROLES? (The kind of roles you REALLY want to play--even if they don't make sense in terms of type, gender etc): _____

Kind of Roles you're not really interested in playing? Why? _____

How do you feel about building a character by starting with external stuff (posture, voice, gait, gestures, etc.) and basically "working from the outside in?"

Have you worked this way before? Describe _____

How do you feel about building a character by starting with determining actions, objectives, obstacles, and emotional truth and basically "working from the inside out?"

Have you worked this way before? Describe _____

Are you interested playing characters of your opposite gender and/or would you prefer to play characters of your own gender? Explain please!

What kind of rehearsal process do you work best in?

What theatre skills do you have that you could teach in a 1-1.5 hour theatre camp class to 5-17 year olds (1X a wk for 2 weeks)? **BE SPECIFIC AND THOROUGH. THESE GET TURNED INTO YOUR TCHG ASSIGNMENT IF CAST—THIS IS AN UBER IMPORTANT QUESTION TO US!**

- 1)
- 2)
- 3)
- 4)

Please describe your training and experience with these choices:

*****CONFLICTS: WE CANNOT CAST ACTORS WITH ANY KIND OF CONFLICT*****

“I attest that currently I have no conflicts--no other social, school or employment engagement or contract--within the summer festival season (approx. dates June 10th – Aug. 24th) and that if I am cast I will not take on any for the time period that I am under contract to Theatre Under The Stars.”

Actor initials here _____

That said, if you have conflicts, please explain what they are/the dates, here: _____

Can you bring a car to NH? Circle one: Yes No Auto insurance? Yes No

Valid driver's license? Yes No Do you have health/medical insurance? Yes No Provider:

THE FOLLOWING IS CONFIDENTIAL AND WILL BE HANDLED AS SUCH. NO-ONE OTHER THAN STAFF WILL KNOW THE INFO PROVIDED ON THIS MEDICAL PORTION:

Health and Medical Disclosure (Since we are a rigorous outdoor residential rep, we need to know how we can best work with you if you have health issues. It helps determine housing. **Info is kept confidential:**

List daily medications _____

Do you have any medical/physical conditions? **If yes, describe:** _____

Are you currently under psychiatric care/counseling? Yes No **If yes, please explain/describe:**

Do you have any allergies (seasonal, food, insect or otherwise)? If yes, describe: _____

*****WE ARE A NON-SMOKING COMPANY*****

Do you smoke? (circle one) yes no

If you have any skills in the following areas, please check the box and give some details:

Fighting - if certified, in what?

Props—maintenance and/or building

Juggling

Playwriting

Acrobatics/Gymnastics /Tumbling

Stage managing experience

Lighting work/design

Choreography

Photography

Type of dance style(s) _____

Musical Skills

Costume work/design/sewing

Other Skills

Can you operate a sewing machine? _____

How well? _____

Do you own a sewing machine? _____

Can you operate a surger? _____

Do you own? _____

Carpentry (*what experience w/what tools*)
