



# URINETOWN

1. Bring this form filled out to your audition.
2. Attach a headshot to the back of this form.

Actor Name \_\_\_\_\_ Height \_\_\_\_ Hair Color \_\_\_\_\_ Vocal Range \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Actor School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_  
Actor's Email \_\_\_\_\_ Parent/Guardian Email \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Cell \_\_\_\_\_

Tell us a little about why you are here today:

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ROLE(s) Desired: \_\_\_\_\_ Would you accept any role Y N \_\_\_\_\_

PREVIOUS EXPERIENCE (or attach resume) – List most recent first:

Show \_\_\_\_\_ Role \_\_\_\_\_ Place \_\_\_\_\_ Year \_\_\_\_\_  
Show \_\_\_\_\_ Role \_\_\_\_\_ Place \_\_\_\_\_ Year \_\_\_\_\_  
Show \_\_\_\_\_ Role \_\_\_\_\_ Place \_\_\_\_\_ Year \_\_\_\_\_

ACTING, VOCAL, DANCE OR SPECIALTY TRAINING (or attach resume)

(Acting coaching, Voice lessons, Choir, Ballet, Tap, Jazz, Circus, etc. List type, your age and companies you worked with)

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SPECIAL TALENTS: (Juggling, gymnastics, dialects, playing a musical instrument, etc.)

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HOW DID YOU HEAR OF THIS AUDITION? Friend, Newspaper, Teacher, etc.

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## GENERAL INFORMATION

**AUDITIONS: AUGUST 15-16, 2022, 4-7pm.** Arrive at least 15 minutes ahead of your audition with your Audition Form filled out. Audition Forms will be available at the theatre as well.

**CALLBACKS:** Callbacks will be held on **SATURDAY AUGUST 20, 10-2pm.** The callback list will be posted on our website and emailed out to the **SIGN-UP GENIUS EMAIL** you provided by Wednesday **AUGUST 17, 2022.**

**REHEARSAL:** Mondays, Wednesdays & Thursdays, **AUGUST 29-OCTOBER 27, Time TBD**

**TECH WEEKEND/DRESS: OCTOBER 22-23 , 10am-5pm; OCT. 24, 26-27; 4:00-9:00pm**

**PRODUCTION FEE:** \$695

**\*FINANCIAL AID:** Throckmorton Theatre makes every effort to award financial aid to program participants who need it. Applications can be filled out online after the casting is announced.

**PERFORMANCE DATES:** OCTOBER 28-NOVEMBER 13, 2022

**CONFLICTS** Please list date and time for any conflicts. List all conflicts that would keep you from attending callbacks, rehearsals or performances. Please also include conflicts that would necessitate you arriving late or leaving early. Roles are offered with actor availability in mind. Additional conflicts not listed here compromise the cast and show as a whole. **NEW CONFLICTS ARE NOT ACCEPTED.**

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I hereby agree to indemnify and hold harmless the Throckmorton Theatre and its officers and employees from and against any and all liabilities for any injury which may be suffered by me arising out of or in any way connected with participation in programs at the Throckmorton Theatre. In case of an emergency, I may be treated by a qualified physician. I give the Throckmorton Theatre permission to use photographs and video of me in all publicity.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(\*if under 18)

I, the parent or legal guardian of the child named, hereby agree to indemnify and hold harmless the Throckmorton Theatre and its officers and employees from and against any and all liabilities for any injury which may be suffered by me or my child arising out of or in any way connected with participation in programs at the Throckmorton Theatre. In case of an emergency, my child may be treated by a qualified physician. I give the Throckmorton Theatre permission to use photographs and video of my child in all publicity.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_