



XANADU

Sign in # _____

AUDITION FORM

ALL ROLES ARE VOLUNTEER AND UNPAID

Name: _____

Address: _____

E-mail: _____

*Note: Casting decisions may be communicated via email; please ensure your email is legible.

Phone Number: _____ Pronouns: _____

Are you 18 or older? ☐ Yes ☐ No Age (or age range): _____ Favorite candy: _____

Vocal Range _____

Audition song: _____

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 available for callbacks on Saturday, November 1, 2025? ☐ Yes ☐ No

Do you have any special skills? (Think musical instruments [any but specifically clarinet], physical tricks, etc.)

Do you have any dance experience? ☐ Yes ☐ No

If yes, what kind? ☐ Jazz ☐ Ballet ☐ Tap ☐ Musical Theatre ☐ Acrobatics ☐ Other: _____

How many years? _____

Do you read music? ☐ Yes, very well ☐ A little ☐ No

Do you have experience with roller skating? ☐ Yes ☐ No If yes, briefly describe: _____

Are you willing to alter your hair? (Check those that apply.) ☐ Cut ☐ Dye ☐ Grow Out

Are you comfortable with physical intimacy onstage (under the guidance of an Intimacy Choreographer)?

☐ Yes ☐ No ☐ It depends (If it depends, please explain (optional): _____)

May we add you to Dominion Stage's email/mailling list? ☐ Yes ☐ No

Are you 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 its 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 purposes, 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

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Please indicate your previous experience below or attach a resume/separate sheet:

	Role	Production Name & Year	Theatre Name & Location
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____