Adult (18 and older) Kankakee Valley Theatre Association Audition # _____
Child (17 and under) SHOW: *Sleepy Hollow* (2026) Gender_____

Section 1: Auditioner Information:

Name:_____ **Age:** _____ **Birthdate:** ____/____/____

Address: (Entered on Google Form)_____ **Hair color:** _____

City: (Entered on Google Form)_____ State: (Skip) Zip: (Skip)_____ **Height:** _____

Email: (Entered on Google Form)_____ If auditioner is under 17, parent's email: (Entered on Google Form)_____

Phone (cell): (Entered on Google Form) (other): (Entered on Google Form) **Gender Pronouns:**_____

Section 2 (FOR AUDITIONERS 17 AND UNDER ONLY) **Parent/Guardian Information: Please circle main contact.**

Mother/Guardian #1 Name:_____ Email: _____

Father/Guardian #2 Name:_____ Email: _____

Guardian #1 Cell:_____ Guardian #2 Cell: _____

Addtl Contact Cell:_____ Relationship to Auditioner:_____

Section 3: Conflicts: Please list all conflicts that might keep you (or your child) from attending any part of a rehearsal from the audition dates until the final performance. Please be completely honest. **Conflicts won't necessarily preclude you from being cast in this show.**

_____

_____

Section 4: Previous Experience: You can list up to five (5) examples of previous production experience.

_____

_____

_____

Section 5: Roles You Are Interested In:

_____ I will **ONLY** accept the role(s) I have marked at the right #1: _____

_____ I am interested in the role(s) listed, but will accept **ANY** #2: _____

ROLE INCLUDING ENSEMBLE #3: _____

_____ I am ONLY interested in an ensemble role #4: _____

~~**Section 6: Voice/Dance Experience:**~~

- ~~Circle the voice parts you sing: UNKNOWN Soprano Mezzo Alto Tenor Baritone Bass~~
- ~~Are you comfortable singing: **Solo?** YES NO / **Harmony?** YES NO / **In A Chorus?** YES NO~~
- ~~Do you have any dance experience: YES NO - If yes, explain: _____~~

Section 7: Other Information

If more than one family member is auditioning, is there a problem with only one person being cast? YES NO

Comments: _____

_____

Section 8: Cast Member Requirements:

1. I understand that if I am cast in the show, I MAY become a paid general KVTA member ($30) by the date given by the Director and Production Coordinator.

2. I understand that the use of alcohol, illegal drugs, marijuana, and/or vapor products is strictly prohibited before and/or during KVTA rehearsals and performances.

3. Cast members must attend all scheduled rehearsals. Any conflicts not listed on the front of the audition form or the conflict calendar must be approved by the Director. Unexcused absences may result in the cast member being replaced in the production.

4. A child must be at least 8 years of age by the audition date to audition for this KVTA production. Proof of age may be requested.

5. If the production you are auditioning for is a YPT production, all actors cast will have to miss two (2) days of school to appear in the scheduled school performances.

6. All adult cast members MAY complete 10 hours of volunteer technical work when cast in a KVTA production. Parents/guardians of actors ages 17 and under MAY fulfill this requirement for each child cast in a KVTA production. Cast members age 18 and older, when necessary, may designate another adult to fulfill this for them (example: someone age 18 in a show can't fulfill his/her 10 hours so their adult sister volunteers and completes them for the cast member).

7. If cast, actors must furnish shoes, including dance and/or street shoes, and any items of a personal nature. KVTA will furnish period costumes; however, assistance in obtaining accessories or special costume pieces may be requested.

8. KVTA is a family-oriented organization. Please remember that while participating in a KVTA sponsored function, what you say and do is not only a reflection of your values, but of KVTA's as well. Appropriate language and dress are expected. **A signed KVTA policies acknowledgement form will be required.**

Section 9: Releases:

ADULT Auditioner:

KVTA has permission to use my picture and/or name for publicity in print and online.

CHILD Auditioner:

KVTA has permission to use my child's picture and/or name for publicity in print and online.

EMAIL Use:

By auditioning, you are agreeing to receive notice when we are looking for volunteers, or sending out general KVTA information. KVTA will not give out your email address to other organizations.

By signing this form, I promise to make each KVTA production the best it can be and to help publicize the production in the community. I verify that I have read the KVTA requirements listed above. I understand that failure to abide by them may result in being removed/replaced in the production. I voluntarily waive, release, and hold harmless Kankakee Valley Theatre Association, its board, employees, agents, and other volunteers from all claims, accidents, or injuries, that may result from actions related to my volunteer activities.

Auditioner Signature / or Parent/Guardian Signature for Youth Auditioners

Date