



Actor Agreement

This form serves as an agreement between you (actor or parent/guardian) and Stage 284.

Attendance and Rehearsals:

- Actors are required to attend rehearsals to which they have been called. No exceptions.
- All schedule conflicts must be documented on your audition forms. Late conflicts are only acceptable in the event of illness or family emergencies.
- The Stage Manager must be notified by phone of illness or family emergencies which would prevent you from attending a required rehearsal.
- Recasting and assigning performances is at the sole discretion of the Director.
- Cell phones and other electronic items are not permitted during the rehearsal process. Actors are permitted to use their portable devices before and after rehearsal and during breaks.

Conduct and other requirements of participation:

- Leave your ego at the door – Stage 284 strives to provide a respectful environment where actors of varying levels of experience are able to perform together and help one another grow and improve their skills. Any kind of bullying or disrespectful behavior towards peers and staff will not be tolerated and will result in termination from the production.
- Arrive on time and come prepared for every rehearsal with a binder for your materials, a pencil, water, snack, and shoes to dance in.
- Most costumes will be provided. You are responsible for taking proper care and respect for costumes and props you use. Actors will be asked to provide all essential undergarments and dance shoes.
- Provide accurate sizing information on the cast member information form.
- Adhere to all blocking, choreography and other directives provided by the Production Team.
- Parking during rehearsals will be permitted in the Patton Park parking lot, directly across the street adjacent to the tennis courts. During performances please park across the street at the fire station.
- Participants entering and exiting the nightly rehearsals must do so quietly and exhibit courtesy to others using The Community House for other purposes.
- Rehearsals will begin and end promptly. Please plan rides accordingly.

- Great care will be given to restore the rehearsal space to the condition it was found in at the beginning of rehearsal. We are sharing space with other programs; therefore, we cannot leave anything out that will interfere with other daily activities within the building.
- All trash and recycling is to be placed in the proper receptacles throughout the evening. When large amounts of trash are generated, we will take our own trash out to the dumpster. We take pride in our lovely, historic building and must treat it with respect.

How you support our production:

- All cast members are asked to sell 10 tickets to our shows.
- All cast members are asked to sell one program ad for our program or make a donation to Stage 284. You may purchase this add yourself or sell it. If there are any questions or concerns, please see the Stage Manager.
- Our standard show fees are a \$100 suggested donation, or ad purchase, for adults and \$375 for children (under 18 years of age).
- Invest in the production by buying an ad, selling tickets, sharing our Facebook event, poster and show information with all your friends and family!

By signing below, I acknowledge that I have read the above information and agree to all terms listed, including:

- I am aware that I am expected to support the production by selling 10 tickets, selling an ad, or making a donation.
- I will respect casting decisions as the best choices for the show as a whole.
- I am aware that I am financially responsible for any damages to property/equipment caused by my misuse or neglect.
- I give Stage 284 permission to use my photograph in any and all communications to promote the production, Stage 284 and The Community House.
- I understand that breaking this letter of agreement may result in my being removed from the production with no refund.

I have read and accept the fees as outlined above.

Actor

Parent/ Guardian (if actor is under 18 years of age)

Date

The Community House accepts VISA, Mastercard, Discover, and American Express.
 Please call 978-468-4818 to make credit card payments via phone.
 Mailing address for checks: The Community House, 284 Bay Road, South Hamilton, MA, 01982



Audition Information Form

Today's Date: _____

Actor's Last Name: _____ First Name: _____

Date of Birth: _____

Street Address _____

Town _____ Zip Code _____

Phone: Cell (preferred): _____ Home: _____

Work:(emergency only) _____ Email: _____

Emergency Contact (Name, Phone): _____

Are you on Facebook? Y N Twitter Handle _____

Instagram _____ Other Social Media (please list) _____

Previous Acting / Dancing / Singing / Theater Experience and Training

Check all that apply:

- Resume and/ or Head shot Attached** – clearly labeled with your name
- Training** - Please specify on back of form if not on resume: type, years, instructor, and school.
- Theater Experience** - Please list the following, please use reverse side
(if not included on resume) Date/Year Play/Show Name/ Role /Organization / Director
- Dance Experience** - Please list the following, please use reverse side
(if not included on resume) Styles of Dance with Years Studied. Organization/Individual Studied With.
- Special Talents** - Please specify (e.g., dance, gymnastics, play an instrument).

Would you be interested in being involved with the production in any of the following areas?

- | | | | |
|--|-------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Rehearsal Assistance | <input type="checkbox"/> Lighting | <input type="checkbox"/> Set Construction | <input type="checkbox"/> Costumes |
| <input type="checkbox"/> Advertising / Publicity | <input type="checkbox"/> Stage Crew | <input type="checkbox"/> Sound | <input type="checkbox"/> Make-up |
| <input type="checkbox"/> Set Dressing/Properties | <input type="checkbox"/> Ushering | <input type="checkbox"/> Tickets / Concessions | |

Costume sizing information

Many costumes are custom-made, so your honesty and accuracy is imperative.

All actors: Height: _____

Shoe Size: _____

Girls/ Women: Dress size: _____

Boys/Men: Waist measurement: _____ Inseam: _____

PLEASE LIST ALL CONFLICTS YOU HAVE BETWEEN NOW AND THE PERFORMANCE DATE AND WHETHER THEY ARE FLEXIBLE OR NOT - Use reverse side of sheet if need be.

If actor is under the age of 18, please fill out the following information:

Parent/Guardian #1 (Name) _____

Parent/Guardian email address: _____

Phone #:Emergency _____ Home _____

Parent/Guardian #2 (Name) _____

Phone #:Emergency _____ :Home _____

Other responsible adult to be called in an emergency:

Name _____ Relationship _____ Phone _____

Would Parent/guardian like to volunteer occasionally? **Y / N**

If yes, please check areas of interest:

- | | | | | |
|--|-------------------------------------|---|-----------------------------------|--|
| <input type="checkbox"/> Rehearsal Assistance | <input type="checkbox"/> Lighting | <input type="checkbox"/> Set Construction | <input type="checkbox"/> Costumes | <input type="checkbox"/> Sound |
| <input type="checkbox"/> Advertising / Publicity | <input type="checkbox"/> Stage Crew | <input type="checkbox"/> Make-up | <input type="checkbox"/> Ushering | <input type="checkbox"/> Tickets / Concessions |

RELEASE FROM LIABILITY/ PHOTOGRAPHY RELEASE

In consideration of the availability of the program and for other mutual benefits, I accept any and all responsibility for and assume the risk of any and all injury or damage which might arise either directly or indirectly as a result of my/my child's participation in this program, and I hereby release, discharge, and hold harmless from any liability whatsoever, The Community House, Inc., volunteers, staff or instructors, in their private and individual capacities as well as their capacities as representatives of The Community House, whether paid or voluntary. I certify that I am familiar with the contents of this release and that I have read and understand the same and that it is my intention, by signing this release, that the same be binding not only upon me, but upon my heirs, administrators, executors, successors, and assigns.

I give permission to The Community House to use photographs and videos of me or my children for publicity in order to increase community awareness of CH programs and in all publication and other media without limitation.

Signature: Adult Actor OR Parent/Guardian: _____ Date: _____