

## **Important information regarding Starmites auditions:**

Two lead roles for the upcoming Mainstage production of *The Secret Garden* will be played performers in the Rising Stars group (the roles of Mary and Colin). These roles will be cast from the Rising Stars who audition for *Starmites*.

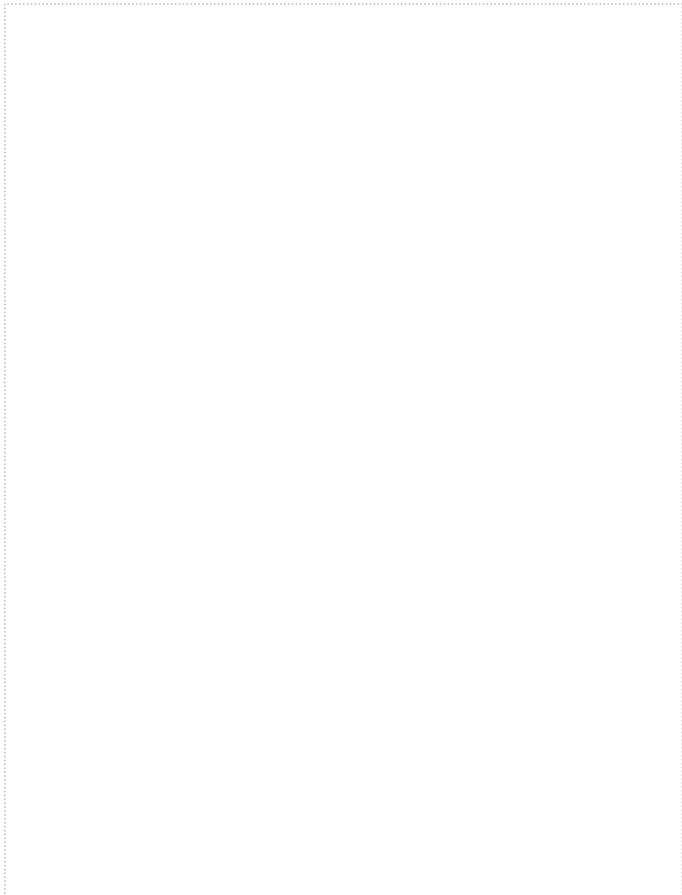
Performers who prefer **NOT** to be considered for the Mainstage production of *The Secret Garden* will be able to indicate that at the time of auditions. Multiple performers will be assigned callbacks for these roles as well as for *Starmites*. Those not cast in *The Secret Garden* will be cast in *Starmites*.

The casting of Mary and Colin will be posted at the same time as the *Starmites* cast. Age is an important factor in casting these roles.

Mary is to be 10. We would consider a young 11 yr. old or a bright 9 year old. Colin is to be 8. We will consider a young 9 or 10 year old.

Rising Stars interested in being considered for these roles need to come to auditions with conflict calendars to BOTH SHOWS (*Starmites* and *Secret Garden*) completed.

Please do **NOT** consider me for a role in Secret Garden



Audition #	Group	Time
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**Performer Name:**

(Last)\_\_\_\_\_ (First)\_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_

City of Home Residence\_\_\_\_\_

Home Phone: (\_\_\_\_\_)\_\_\_\_\_

Performer's Cell Phone: (\_\_\_\_\_)\_\_\_\_\_

Mother's Cell Phone: (\_\_\_\_\_)\_\_\_\_\_

Father's Cell Phone: (\_\_\_\_\_)\_\_\_\_\_

Tuition: Rising Stars: \$190 Sibling(s) \$165 Mainstage: \$160 Sibling(s) \$135	Tuition: \$ _____ Sibling(s): \$ _____ Donation: \$ _____ =Total \$ _____	Payment By: Cash Check* Visa/MC Sibling Scholarship Club CMT
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\*Please make check to: CMTSJ

**Performing Experience and Training**

Note that previous experience and training is not required to participate with CMT.

\*Please list your most recent performing experience below or attach a resume.

DATE	SHOW NAME	ROLE	THEATER COMPANY	DIRECTOR
SAMPLE 3/'98	SAMPLE Jesus Christ Superstar	SAMPLE Soul Girl	SAMPLE CMT	SAMPLE Kevin Hauge

\*Please list your training experience (voice, acting or dance specific) below or attach a resume.

DATES	TYPE	LEVEL	INSTRUCTOR /STUDIO
SAMPLE: January 2001 to present	SAMPLE Jazz	SAMPLE 2: Int.	SAMPLE Marie Stinnett

Vocal range: \_\_\_\_\_(i.e. soprano, tenor, alto)

Song choice:\_\_\_\_\_

Sibling Request: \_\_\_\_\_

*(Please list names of siblings auditioning for same production. The artistic staff makes it a priority to put siblings in the same cast.)*

**PERFORMER'S CONTRACT**

**ADVERTISING AND PROMOTIONAL RELEASE:** I \_\_\_\_\_ hereby consent to the reproduction and/or use of photographs, video tapes and film or audio recordings of myself (or my child/charge) for advertising and promotional purposes by Children's Musical Theater - San Jose or its affiliates.

**PRODUCTION POLICIES:**

**AGE REQUIREMENT:** All performers must be of the advertised age by the date of the audition for. CMT reserves the right to request proof of age at any time. When age requirements for productions overlap or special auditions are held, it is the staffs' responsibility to assess and place you in the production suited best.

**WITHDRAWING FROM A PRODUCTION AND REFUNDS:** If you withdraw from a production before the cast list is posted, you are entitled to a \$25.00 refund. If you withdraw from a production for any reason after the cast list is posted, no refund is given. If you withdraw from a production, you will not be allowed to audition for the next production you are eligible for unless excused by the Managing or Artistic Directors for extenuating circumstances. It is the performer's responsibility to inform CMT of your circumstance within one week of withdrawing from a production in order to be cleared for the next audition.

**ATTENDANCE REQUIREMENTS:** Each performer is required to attend all scheduled rehearsals. All conflicts must be communicated to the CMT staff. Even if conflicts are reported in advance, be aware that missing rehearsal may prevent you from being staged into scenes and musical numbers. Rehearsal schedules are subject to change to make the most productive use of time. Some cast members may be asked to participate in all performances when roles are not double-cast or technical support is needed. Production weeks are the last two weeks prior to performances and attendance is mandatory, no exceptions will be made without the previous written consent of the Artistic Director (also see Student Matinees and Special Shows Policy below). Rehearsals will run long and late into the evening during the immediate week prior to showtime, so please be prepared for this.

**COSTUMES:** Performers might be responsible for acquiring their own costumes; principal roles will typically have multiple costumes. CMT will provide the guidance you will need (i.e. patterns, materials to choose, etc.) to satisfy your costume requirements. Costs vary with each production, but expect a \$100 minimum. Low cost is a main priority during design. Costume rentals from CMT stock or a 3rd party is common; a rental and cleaning cost will be charged.

**STUDENT MATINEES AND SPECIAL SHOWS:** CMT performs its daytime productions for schools and community agencies on Wed., Thurs. and/or Fri. during production week as part of its Student Matinee program. These performances are not mandatory; however, it is important to notify your Show Coordinators within the first two weeks of rehearsal if you cannot participate.

**GENERAL POLICIES:**

- Notify staff regarding any special circumstances or medical requirements you might have.
- All cast rosters are for specific production use only. Any other use other than CMT purposes is STRICTLY PROHIBITED.
- Participation in the full audition process is required to be cast (meetings, applicable vocal & dance callbacks, etc.).
- Tuition payment is required or a scholarship must be arranged in advance in order to audition.
- In special circumstances, auditions can be arranged to occur before the published audition dates through the front office. If special arrangements are made and you give a full audition prior to the published auditions (videotapes acceptable), you will be eligible for all roles. If your special audition is after the published auditions and before the cast list is posted, you will be cast, but not eligible for principal roles

I (We) have read the Performer's Contract/Production Polices and agree to follow them without dispute.

If performer is under 18, please provide the following:

\_\_\_\_\_ Date: \_\_\_\_\_  
Performer's Name (Print)

\_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian Name (Print)

\_\_\_\_\_  
Performer's Signature

\_\_\_\_\_  
Parent or Guardian Signature

CONTACT INFORMATION

Performer's Name:

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(Last) (First) (MI)

Address: -----  
(Number & Street)

-----  
(City/State) (Zip)

Home Phone: ( ) -----

Cell Phone: ( ) -----  
(if applicable)

Email Address: -----

Referred by:

Are you new to CMT?  yes  no

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Date of Birth: -----/-----/-----  
(Proof May be Requested)

Ethnic Background:-----

School:----- Grade:-----

District:-----

1. Parent/Guardian Name:

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(Last) (First)

Is Address Same As Above?  yes  no

Address if different:-----

Home Phone: ( ) -----

Cell Phone: ( ) -----

Email Address:-----

Employer:-----

Title:-----

Work Phone: ( ) -----

Special Interest/Skills -----  
(i.e.: sewing, event planning, construction, musical instrument)

2. Parent/Guardian Name:

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(Last) (First)

Is Address Same As Above?  yes  no

Address if different:-----

Home Phone: ( ) -----

Cell Phone: ( ) -----

Email Address:-----

Employer:-----

Title:-----

Work Phone: ( ) -----

Special Interest/Skills -----  
(i.e.: sewing, event planning, construction, musical instrument)

IN CASE OF EMERGENCY PLEASE CONTACT:-----

Allergies/Special Health Considerations:-----

Insurance Company:----- Policy #:----- Hospital-----

Authorization to Consent to Medical Treatment

\*I (We), the undersigned, do hereby authorize representatives of Children's Musical Theater - San Jose (such representatives to be employees, directors, Auxiliary members or identified volunteers) to serve as agents for the undersigned to consent to any X-ray exam, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any physician or surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of any hospital licensed by the State of California whether such diagnosis or treatment is rendered at the office of said physician or at said hospital or some other site. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

\*I (We) also understand and agree that CMT will not be held responsible for injuries which occur to self/child while attending or participating in any CMT function. This authorization shall remain valid for the duration of the participant's current registration with CMT.

\*For the safety of my child/myself as well as others, I have disclosed any and all medical information regarding the performer. I understand that failure to disclose any of the above information could result in my child's/my exclusion and/or dismissal from the production.

Signature, -----  
(Parent or guardian if under 18)

Date-----