MCT AUDITIONEE INFORMATION SHEET

Show Auditioning For: Come From Away Number _____

PERFORMANCE DATES: OCTOBER 8-18, 2026 BEGINNING WITH THE **PREMIERE PARTY OCTOBER 8TH** (W/CATERING/SPECIAL PRICING) THROUGH **OCTOBER 18** (REGULAR TICKET PRICES)
THURSDAY THROUGH **SATURDAY EVENING PERFORMANCES @ 7:30 PM, SUNDAY EVENINGS @ 6:30 PM**
SATURDAY & SUNDAY MATINEES @ 2:00 PM

Name: _____ Birth Date (MM/DD/YYYY): _____

(Please print your name exactly as you want it to be listed in the playbill if you are cast in the show.)

Pronouns:_____ Age: _____ Height: _____ Hair Color: _____

Address: _____City:_____ State:_____ Zip: _____

Phone Cell:_____Work:_____Other:_____

E-mail: _____

Notify in Case of Emergency:_____ Phone: _____

Special Skills (please include tumbling, musical instrument) _____

_____

Performance Experience (please list - do not refer to resume): _____

_____

_____

CONFLICTS: Please write down times when you CANNOT be at rehearsal. It will be assumed that you can rehearse/perform on ANY date and time not written below. Be as specific as possible with dates and times beginning Monday, August 24th, 2026, through Wednesday, October 7th, 2026. Include weekdays from 6:00 pm to 10:00 pm and weekends from 10:00 am to 10:00 pm. (Note: all actors need to be available during performances)_____

_____

_____

Have you ever been involved in an MCT Community Series production?** ◯ Yes ◯ No

(** This will not affect whether you are cast; we just want to know if this show would be your debut!)

Are you comfortable performing onstage romantic intimacy? ◯ Yes ◯ No

Are you comfortable performing on higher/moving platforms? ◯ Yes ◯ No

Are you comfortable with a brief "flash" of your undergarments on stage, as called for in the script? ◯ Yes ◯ No

Have you ever been in an MCT Youth Series/Red Truck Tour production before? ◯ Yes ◯ No

Are you currently enrolled in the Theatre/Dance Department at the U of M? ◯ Yes ◯ No

Would you change your appearance for a role? ☐ Hair Color ☐ Hair Length ☐ Facial Hair

Are you auditioning for a specific role? If so, list role(s). _____

Would you accept any role? ◯ Yes ◯ No

If not cast, would you be interested in volunteering as a member of the production crew? ◯ Yes ◯ No

Please list any food, fabric, and/ or cosmetic allergies _____

I give MCT permission to use my name and/or any photographs taken for purposes of publicity in publications and on the MCT website. _____ **(initial)**

I am over 18 and I am aware that MCT may require a background check. _____**(initial)**