

Youth Players



Audition Packet

Spring 2023

## Surfside Youth Players

#### Welcome!

Thank you for auditioning for Surfside Youth Players to be a part of Surfside's engaging Youth Theatre Program right here in our community. Prior to auditioning, please review the dates and information listed below. By submitting an audition form, parents and students acknowledge that they received and agree to the terms outlined in this information sheet.

#### Spring 2023 Program

PERFORMANCE: Disney's The Aristocats Kids

AUDITIONS: Thursday, January 5th 4-5:30pm

CALLBACKS: TBA

REHEARSALS: January 12-March 30, 2023 | Thursdays 4-5:30pm & Tech Week Mar 27-30

SHOWS: March 31-April 1, 2023\*

\*All performers must attend Rehearsal, Show, and Strike (Cleanup) after the Final Show. Performers are expected to attend all weekly rehearsals (though we know there are often some conflicts). Please complete the **conflict area** located towards the bottom of the audition form with any and all *potential/possible* and confirmed conflicts with rehearsals or show dates as thoroughly and accurately as possible. Performers will be provided a link to the Cast Website, which will have additional information available.

Note: The ability to consistently attend rehearsals and perform in every show is a requirement for entry into the program.

#### PROGRAM Auditions for Spring 2023

While no preparation is *necessary* because you will be given sides to read, practicing cold reading tips will be helpful. A short vocal selection for the audition will be chosen from the **show**. The music will be taught at auditions, but you can practice in advance.

Performers should be in CLOSED-TOE shoes and clothing they can comfortably dance/move in. Parents of auditioners ARE welcome and encouraged to watch their child audition!

Auditioners will be able to review a short selection from the upcoming show and will complete a cold read audition for acceptance into the program. The director may also lead the group through some group activities for the audition. Performance ability is NOT the sole factor for acceptance into the program and beginners are welcome! We are looking for team players that follow direction and are passionate about being in the program!

What we will look for during the audition:

- RESPECT for staff, volunteers, and other auditioners/performers
- Ability to exhibit good behavior, following the rules and guidelines of the program
- A positive attitude
- A desire to engage and participate during rehearsals and performances
- Being a team player and working well with others
- Willingness to try new things
- Ability to take direction
- Ability to focus
- Willingness to put in the hard work required to be in a show
- Ability to arrive on time and attend rehearsals, all shows and post-show clean up

Note that performance ability is not on the list! Good performers MUST have the skills and qualities mentioned above.

Callback auditions will take place during weekday afternoon/evenings or a weekend and will determine casting for roles in the show. **All cast members will not be required to attend a callback audition.** 

This is an important process for our Youth Players program ensuring that each member of the program is a respectful and committed team player that is actively engaged in the theatre rehearsal and education process.

Please contact the director via email for a digital video audition option if you are unable to attend initial auditions at <a href="mailto:eva.knowles@gmail.com">eva.knowles@gmail.com</a>

#### **REGISTRATION:**

Students that are accepted into the Spring 2023 Program will be notified via EMAIL. A reliable email that is checked daily is requested for your audition form.

Please add <a href="mailto:eva.knowles@gmail.com">eva.knowles@gmail.com</a> to your contacts and keep an eye on your SPAM folder if you haven't received an email within one week. If you have not received an email by the Tuesday after auditions - CALL US and leave a message at 321-514-2766 to ensure an email was not lost in cyberspace. Registration will be open to those accepted after initial notification. There is a \$275 Tuition fee that should be made <a href="mailto:only">only</a> pending acceptance into the program. Please DO NOT submit Tuition fees until you have received an acceptance email. Further registration details will be sent in that email. Refunds are not guaranteed for parents that submit unauthorized registration/tuition payment. You will receive further details including the registration and payment deadline to hold your student's spot.

By auditioning, you confirm that, upon acceptance, you will begin attending rehearsals as a cast member starting with our first rehearsal, **Thursday, January 12, 2023** 

We ask that auditioners complete the attached registration form to have on file at auditions, it can make the registration process go more quickly following potential acceptance. Registration is only considered valid with acceptance to the program and tuition payment.

#### MORE IMPORTANT INFO:

Surfside Youth Players will provide costumes, but performers accepted into the program must provide their own:

- Basic Make-up
  - ALL performers, regardless of whether they are playing male/female characters, wear makeup on stage as a requirement for performance
  - Includes (at a minimum) Foundation, Blush, and Eyeliner. Some characters may require more advanced makeup (eyeshadow, mascara, lipstick, or specialty makeup). Any specialty/special effects makeup will be provided by the theatre.
- Hair Accessories/Products
  - Bobby pins, hair ties, brushes/combs, styling products
  - The costumer will also inform performers about styling their hair
- Shoes & Socks/Tights
  - The costumer will inform you as to what type you will need for your character
- Undergarments
  - Specific undergarments must be worn under costumes at all times throughout Tech
    Week and Performances
  - They protect the costumes, which are worn multiple times without laundering, provide a layer of comfort between skin and fabrics as well as modesty and coverage for performers while changing costumes backstage
  - A nude leotard and tights OR camisole tank, neutral fitted dance/bike/athletic shorts (that won't bunch up under costumes), and tights for ladies
  - A neutral singlet/tank top/undershirt and neutral fitted dance/bike/athletic shorts (that won't bunch up under costumes) for gentlemen

#### • Other Basic Pieces

 The costumer may ask you to provide a basic neutral supplement to your costume such as a white button-up shirt, jeans, plain tshirt, black shirt or pants, etc that you likely have at home already

Performers are expected to adhere to the rules and guidelines of the program, which include following directions, arriving prepared to rehearsals, arriving on time to rehearsals/shows, active participation, respect for fellow cast members, volunteers, and staff, no bullying, teasing, etc, no running in the theatre or jumping off of the stage, no going into unauthorized areas (the workshop, green room, etc) without permission, no excessive talking, no using cell phones/devices, respecting the theatre by properly treating theatre property, respecting others' personal items, respecting personal space and **keeping hands to self at all times** unless instructed as part of the performance scene/dance, and following Covid Safety Guidelines. Failure to follow the guidelines can result in a Behavior Notice sent home and dismissal from the program without refund.

We look forward to you joining in so that we can see you have fun and engage today!

**BREAK A LEG!** 

### Surfside Youth Players Program Audition Form

| EMAIL:            |                                     | HEIGHT:                           |  |
|-------------------|-------------------------------------|-----------------------------------|--|
| ROLE(S) AUDITIO   | NING FOR:                           | AUDITION #:                       |  |
| WILL YOU ACCE     | PT ANY ROLE? SEME                   | ESTER:                            |  |
| V                 | WHY DO YOU WANT TO BE A             | YOUTH PLAYER?                     |  |
|                   |                                     |                                   |  |
| Previ             | ous theatre production expe         | rience, roles, and year:          |  |
| Show Title        | Role                                |                                   |  |
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|                   |                                     |                                   |  |
|                   |                                     | 1                                 |  |
| Any previous      | s training theatre, dance, or n     | nusic experience (Please List     |  |
| Training          | Years Practiced                     | Teacher or School Name            |  |
|                   |                                     |                                   |  |
|                   |                                     |                                   |  |
|                   |                                     |                                   |  |
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|                   |                                     |                                   |  |
|                   |                                     |                                   |  |
| Other Skills/Tale | ents: (gymnastics, tap, musical in  | struments, accents, stage combat  |  |
| Other Skills/Tale | ents: (gymnastics, tap, musical in  | struments, accents, stage combat, |  |
| Other Skills/Tale | ents: (gymnastics, tap, musical in  | struments, accents, stage combat  |  |
|                   |                                     |                                   |  |
|                   | ents: (gymnastics, tap, musical ins |                                   |  |
|                   |                                     |                                   |  |

Parent Signature: \_\_\_\_

# Surfside Youth Players

#### REGISTRATION

| First Student (\$275) Second/Subsequent Student (\$235) Junior Counselor (\$200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | )                                            |
| (Second/Subsequent Student Option only available to additional students of the same household when one already registered for the same semester; Junior Counselor Option only available with prior application and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                              |
| STUDENT NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                              |
| PARENT NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <del></del>                                  |
| CITY STATE ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <del></del>                                  |
| HOME PHONE PARENT CELL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                              |
| PARENT EMAIL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                              |
| EMERGENCY NAME & PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                              |
| CURRENT/UPCOMING GRADE STUDENT AGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                              |
| T-SHIRT SIZE: Child S M L XL Adult S M L XL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                              |
| DOES THIS STUDENT HAVE ANY ALLERGIES OR REQUIRE REASONABLE ACCOMMODATIONS THEM TO PARTICIPATE? IF YES, PLEASE EXPLAIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FOR                                          |
| BY SUBMITTING THIS APPLICATION, PARENT(S) AND STUDENT AGREE TO THE FOLLOWING:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                              |
| I understand that while participating in Surfside Youth Players, my child is not covered by any policy of insurance that would pay any medical or disability benefits if injuries should occur. Signature below variagreement to participate in the program and I will not make any liability claims against Surfside Player 501(c)3 non-profit organization. Permission is granted to Surfside Players, Inc. to photograph and use photographs of my child on its website and in printed publications and collateral and/or submit to print electronic media for the purpose of publicity without further consideration. As representatives of Surfs Players, participants agree to conduct themselves professionally at all times according to the education guidelines, or forfeit participation without refund. | lidates<br>rs, Inc, a<br>them in<br>de Youth |
| I understand that this registration form is only made valid by acceptance into the program from Progra<br>also understand that my student can be dismissed without refund for failure to follow the rules and gu<br>the program.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                              |
| STUDENT SIGNATURE: DATE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                              |
| PARENT SIGNATURE: DATE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                              |