

_____ , _____
Last Name

First Name

GCN 2019 FLYING (ANGEL) AUDITION FORM

*Please fill this form out completely and bring it with you to auditions.
A digital picture will be taken at auditions.*

Flying Angels should also attend the Lyrical Angel Dance Audition to be assessed for graceful movement.

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Primary e-Mail: _____ **(please print clearly)**

Age: _____ Grade in School: _____

Casting Request: Dancing Angel / Flying Angel / Happy to perform where most needed

Previous Experience:

NOTE: Please carefully read the Casting/Scheduling information on the reverse of this form – ***some things have changed*** from previous years – and sign to indicate your understanding and agreement.

----- **PLEASE DO NOT WRITE BELOW THIS LINE** -----

SCORES/NOTES:

CASTING CONSIDERATIONS AND REHEARSAL SCHEDULE (please read carefully and sign):

Our hope is that all of you will be on our ministry team. The power and unique impact of our Gospel message comes from our massive, multi-generational, diverse, Body of Christ model, using theater as our delivery system. We want you with us, and, as in the past, there are several options for level of participation based upon your availability, interests and talents/experience.

Casting Requests:

Please review that carefully and mark desired casting based on your ability to:

- sacrificially attend rehearsals indicated by your interest level
- attend TBA rehearsals in November when additional flexibility is needed
- make reasonable, infrequent accommodations to the schedule, once published, if necessary

Avoid Calendar:

Please fill out the name/contact section and mark absolutely inflexible conflicts (incl times) - e.g.:

- a family wedding
- mission trip or retreat
- mandatory work or work-related travel/event

Please take particular care in marking conflicts for:

- any and all tech rehearsals
- dress rehearsals
- shows

Where do I turn in my Avoid Calendar?

- If All Company only, with your Participation Form
- If auditioning, with your Audition Form at your first audition

Avoid dates are for leaders' information and will be considered in casting. Once casting is complete, you are expected to attend all rehearsals for assigned scenes, with the only exceptions being absolutely inflexible avoid dates (listed on your calendar) or unpredictable/urgent life events (e.g., sickness).

Final Rehearsal Schedule: All rehearsals will be detailed in a Final Rehearsal Schedule posted to the HyperOffice real-time calendar and available in hard copy. Some rehearsals will be marked "TBA" which means this rehearsal time is scheduled, but not designated as to scene or participants. Please HOLD these free on your schedule until the details are announced. This is necessary so that time, space and personnel will be available as specific rehearsal needs arise in the evolving process of creating the show.

Please e-mail questions concerning casting requests, the Avoid Calendar or the rehearsal schedules to academies@weag.org.

I understand and agree to fulfill the requirements of my casting to the best of my ability. I also will promptly notify Kathy Craddock (academies@weag.org), Andrea Walters (awalters@amfamfit.com) and my Group Leaders in the event my availability should change. I understand that a change in my availability may necessitate an adjustment in my casting.

Signature

Date