

Re-Creation Audition Form

PERSONAL INFORMATION:

FULL NAME _____

BIRTH DATE _____

HEIGHT _____ WEIGHT _____

PERMANENT HOME ADDRESS _____

PHONE _____

PRESENT ADDRESS _____

PHONE _____

CELL _____ E-MAIL _____

SCHOOL TERM/YEAR _____

OR COLLEGE DEGREE SPECIFICS _____

The nature of Re-Creation's national tour is arduous. Have you any health problems that are irritated by travel or by close association with groups of people?

YES _____ NO _____

One Re-Creation program presents sacred music in Christian churches. Do you object to performing in a presentation of that kind?

YES _____ NO _____

REQUIREMENTS:

Applicants must also forward:

_____ *a current head shot (via e-mail or postal mail)*

_____ *an audio demo (non-professional is acceptable / via e-mail or postal mail)*

We welcome a Video demo of your singing and movement...however, please do not e-mail these files.

At some point, we will require two letters of recommendation: one from a former employer or director that can attest to your performance ability, and one from a mentor, teacher, pastor or other non-relative that can attest to your character. These need not be forwarded now, but must be received by our office before final consideration.

Re-Creation USA, Inc. PO Box 220 Port Trevorton, PA 17864 info@re-creationusa.com

PLEASE USE THE REVERSE SIDE OF THIS FORM TO LIST MUSICAL EXPERIENCE,
PERFORMANCE INFORMATION, AND WORK EXPERIENCE

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VOCAL INFORMATION:

VOICE PART _____

EFFECTIVE COMFORTABLE RANGE (low) _____ TO (high) _____

MEN: VOICE BREAK AT (note) _____

YEARS OF PRIVATE VOICE INSTRUCTION _____

MUSIC & DANCE EXPERIENCE - *Please list any formal dance or vocal training, camps or clinics.*

OTHER RELATED EXPERIENCE - *Public speaking, theatre, dance, group leadership, specialty skills etc..*

WORK EXPERIENCE - *Brief listing of full and part-time positions held over the past five years*