



Auditions

THE CURSE OF THE CRIMSON COVE

Captain Spilsbury's treasure is hidden somewhere in the woods surrounding Crimson Cove. Many have gone seeking it... none have returned. Legend says that's why the rivers of Crimson Cove run red. Now, two daring (or foolish?) pirate captains prepare to lead competing crews of buccaneers into the woods to seek the treasure. Along the way, they'll find challenges, riddles, puzzles, and dangers. Will they escape with the gold? Will they escape with their lives?

Scripts and character descriptions coming soon! Roles including pirates, ghosts, vampires, demons, swamp creatures, skeletons, and more. The show will begin in a pirate tavern with a rowdy atmosphere and occasional sing-a-longs before heading into the woods for danger. Scripted roles and improvised roles (and some a bit of both) available as well as speaking and non-speaking parts.

Auditions will be held:

**SUNDAY, SEPTEMBER 17, 2017 2:30 PM-5:00 PM AT THE MARSHALL REC DEPT
LOCATED IN THE PUBLIC SERVICES BUILDING 900 S. MARSHALL AVE.**

Audition materials will be available on Monday, September 11 both via Marshall Rec. Email Jess at jbaier@cityofmarshall.com

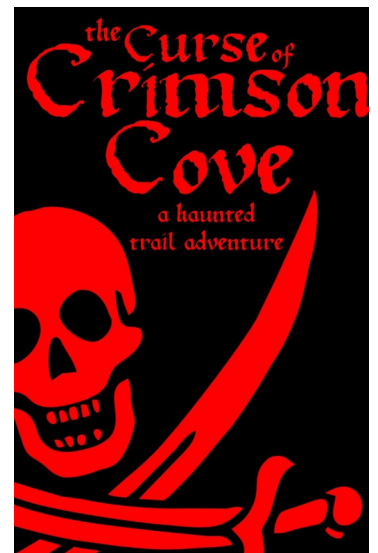
Those auditioning for speaking parts will be asked to read one or more of the scenes posted at auditions. Those who wish to prepare a short monologue (no longer than 1 minute) may do so, but this is not required.

Those auditioning for singing roles can prepare a short (approximately 30 seconds) song of their own choosing. A CD player will be available for those who wish to bring a CD to sing with.

Those wishing to perform dancing roles should write their dance experience on the audition form.

(269) 781-5166

jbaier@cityofmarshall.com



How to be a cast/crew member for 2017:

- If you are interested in a role for 2017 Haunted Trail complete and bring the enclosed registration form, background check form, conflict sheet and concussion form (if under 18 years) to auditions on **Sunday, September 17.**
- Additional volunteers are also being sought for non-performing positions; including set-up, clean-up, registration, costuming, makeup and various “backstage” positions during performances. It is not necessary to attend auditions, however, all the enclosed paperwork should be completed & returned to the Recreation Dept. by 5:00 pm Friday, September 22.
- **Students 7th grade & under are invited to be part of the cast/crew *with a participating adult* (adult may be in a non-performing position).**
- Those under 18 must have written consent of parent/guardian.

2017 HAUNTED TRAIL- PERFORMER / VOLUNTEER REGISTRATION FORM

Please Return Forms to the Recreation Department

Volunteer Name _____ Parent(s) Name _____
last name first name middle initial If applicable

E-Mail _____ Address _____

Work/Cell Phone _____

Date of Birth: _____ *If applicable:* School _____ Current Grade _____

Web: Images of the above participant may be used on the Department web site for program promotion/marketing.

Yes _____ No _____ (Names will not be used with photos)

I understand the Marshall Recreation Department, Program Supervisors, private facilities utilized, and volunteers are in no way responsible for any injuries that may be incurred by my child during any of the program(s) listed above. I hereby give permission to the Marshall Recreation Department to secure emergency medical treatment for the above-named participant while attending any of the program(s) listed above.

Signature of participant or parent/guardian (under 18 years)

Date

PARENTS OF STUDENTS 7TH GRADE & UNDER

As a participating adult I am willing to (check all at apply)

_____ Performance role (speaking—must audition), w/my student

_____ Performance role (non-speaking—no audition) w/my student

_____ Backstage assistant in your students scene

_____ Tickets/Admission Sales

_____ Group Organizers (help ready groups to enter trail)

_____ Entrance Organizer

_____ Rover

_____ Departure Assistant

THE MARSHALL RECREATION DEPARTMENT

2017 Haunted Trail Audition/Conflict Form

Name: _____

Cell: _____

E-mail: _____ (imperative for cast communication)

I will _____ OR will not _____ accept any role(s) in which I am cast.

I am willing to accept a non-speaking role. Yes _____ No _____

Other talents/skills: _____

REHEARSALS:

Sat, Sept. 30 BLOCKING REHEARSAL, Time TBA

Please list conflicts (include time) you have for Sept. 30: _____

Thursday, Oct. 19 DRESS REHEARSAL, Time TBA

Please list conflicts (include time) you have for Oct. 19: _____

PERFORMANCES:

Please list any conflicts (include time) you have for any of the performance dates and times.

Friday, Oct. 20 Call at 5:30 pm, Performance from 8:00 – 11 pm

Conflict: _____

Saturday, Oct. 21 Call at 4:30 pm, Performance from 7:30 – 11 pm

Conflict: _____

Friday, Oct. 27 Call at 5:30 pm, Performance from 8:00 – 11 pm

Conflict: _____

Saturday, Oct. 28 Call at 4:30 pm, Performance from 7:30 – 11 pm

Conflict: _____

TO BE A CAST MEMBER OR BACK-STAGE VOLUNTEER: All paperwork should be completed & returned to the Recreation Dept. by 5:00 pm Friday, September 22, 2017

Mail: 323 W. Michigan Ave. Marshall, MI 49068 OR Email: jbaier@cityofmarshall.com

Please complete only if you have not in the past
2 years!

Criminal Background Check Consent Form (16 years & over)

As a present or prospective part time staff or volunteer of the City of Marshall Recreation Department, I understand it is the City's policy to secure criminal history information as part of their screening process using the information provided below. I, the undersigned, authorize the City of Marshall Human Resources Department to conduct a criminal background check through the Michigan State Police Central Records Division. Under the Freedom of Information a local report will be run by the City of Marshall Police Department's Record Unit.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorneys fees, arising out of or by reason of complying with this request. A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature. This authorization shall continue in effect until revoked by me in writing.

Please complete the information below

FULL NAME (PRINTED): _____
Last Name First Name Full Middle Name

MAIDEN NAME or PREVIOUSLY USED NAME:(PRINTED): _____

STREET ADDRESS: _____ CITY _____ ZIP _____

HOME/WORK PHONE _____ CELL PHONE _____

E-MAIL: _____

DATE OF BIRTH: ____/____/____ CHECK ONE: MALE ___ FEMALE ___

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

(if under 18 years of age)

Witness Signature: _____ Date _____

This document must be signed in the presence of a witness*