



Auditions for:

Gift of the Magi 2.0

Written by N. Emil Thomas

Directed by Lee Dittman

More info: leed@brct.one / 762-305-5590

SHOW DATES – Nov. 21 – Dec.15, (No show on Thanksgiving)

Auditions – August 26-27, 2024 (6-8 pm)

Rehearsals for this show will likely be Monday – Thursday from 6 – 9 PM

Returning to the BRCT stage in 2024, this show is a show of love and warmth! This show was performed before limited audiences in 2019, during the Covid pandemic and received rave reviews. This play takes O. Henry's original story and places it during the Atlanta Trolley Strike in 1950. It tells the tale of a young husband and wife who long to give each other meaningful Christmas presents. The couple is constrained by their meagre budget, so each gives up something they treasure in order to afford a gift for the other. In the midst of it all they meet an older couple from the other side of town by pure accident. Meeting this other couple is about to change their lives. It is a touching story that demonstrates the real meaning from a heart of love.

Christmas is a season of love and giving, but too often we equate that with gifts that we buy to exchange. N Emil Thomas' version of O'Henry's original tale *Gift of the Magi 2.0* captures the truth that giving, and love is much more than that.

The lives of a younger couple, Jim and Della Dillingham, have been impacted greatly by the Trolley strike of 1950. Jim is a trolley driver and all he wants to do is earn a living. His wife washes laundry and irons for others to help. They treasure each other and Della knows just how to keep Jim on track.

Robert and Millie Harvey have been successful and live on the other side of town. Robert owns a jewelry and clock shop, and Millie owns a salon. They have been married for quite some time, but Robert does not always realize how blessed they have been.

Through a series of events (that included a pocket watch fob and two silver hair combs), these two couples form a unique friendship, and everyone's life is changed.

CAST:

JIM DILLINGHAM, 20-30's, trolley driver

DELLA DILLINGHAM, 20-30's, house laundress

ROBERT HARVEY, 30's-50's, owner of Harvey's Jewelry Shop

MILLIE HARVEY, 30's-50's, owner of Millie's Salon

RADIO ANNOUNCER, because of the time period would be a man of any age (*this part will be played by the director*)



Intentionally left blank.



AUDITION FORM FOR MAIN STAGE

T-shirt size: _____

Name: _____ Address: _____ Home Phone: _____	Age/playing age: _____ Work Phone: _____ Cell Phone: _____ Height: _____ Ft _____ Inches
--	---

Email Address: _____

Emergency Contact: _____

Role(s) Interested in: _____

Are you prepared to accept the Director's judgement of the most suitable part for you? Yes No

If you are successful, do you give permission for your contact details to be published on a cast list and your name and photo to be used on our website, official Facebook page, & publicity? Yes No

Are you prepared and available for all scheduled rehearsals, performances and related activities? Yes No

Are you currently committed to any other productions? Yes No If so, provide details or discuss with the director.

Will you be committed to any other productions during the rehearsal period for this production? Yes No If so, provide details or discuss with the Director.

Please specify details of any commitments which may impact upon your participation in the rehearsal process.

If not cast, I would like to help in this or future productions as (please tick): Stage Manager Production Assistant
 Tech (lights) Tech (sound) Costumes Set Construction/Painting Front of House Props

List previous productions and roles played, as well as any relevant training or experience: _____

Please read carefully before signing:

I understand that, I am auditioning for a role that will have a rehearsal schedule fo 4-5 days each week until the show opens. I understand that there will be 16 performances and I will be at each rehearsal and performance. By signing, I am agreeing to the show schedule as provided and have noted any conflicts on the Conflict Sheet attached.

Signed _____ Date _____

Conflict Sheet

Please indicate **ANY CONFLICTS** of dates and/or times that you may have during the production. **THERE MAY BE NO ABSENCES DURING TECH WEEK OR DURING ANY PERFORMANCE.** Missed rehearsals could result in removal from the cast. Emergency conflicts, which arise during productions, are to be given to the stage manager/director in writing as soon as possible. Circle dates of conflicts and explain below.

REHEARSALS: Sept. 9—Nov. 19 (Usually Mon- Thur, 6:00 – 8:00). Additional Rehearsals on Sat & Sun if needed.

PERFORMANCE DATES: Nov. 21-Dec/. 15 (Thurs, Fri, & Sat at 2:00 and 7:30 pm; Sun 2:00) *notated in orange

October						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

November						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

December						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Conflicts: _____

Participant Guidelines

For the benefit of all participants and staff and maximize the enjoyment, learning, and creative experience, certain guidelines must be adhered to at rehearsals and during performances.

1. Arrive on time, prepared with lines and music, ready to rehearse.
2. Be respectful of the director, artistic team, staff, and fellow actors.
3. Respect facilities, property, and rules.
4. Do not give direction to other participants or in any way critique other actors.
5. Arrive on time for calls, warm ups, and director's notes.

Failure to abide by these guidelines can result in a verbal warning, meeting with director and board representative, or removal from a role.

I have read, understand, and agree to follow the Blue Ridge Community Theater Guidelines and accept provisions set forth in the liability release form.

Name (Please Print): _____

Participant Signature: _____ Date: _____



LIABILITY FORM

BLUE RIDGE COMMUNITY THEATER, INC.

Required for all activities of Blue Ridge Community Theater, Inc.

GENERAL LIABILITY RELEASE

By participating in the activities of the Blue Ridge Community Theater, Inc. and/or its dba Sunny D Children's Theater and/or its d/b/a Live Music is Better and/or Kharisma Dance Studio. I acknowledge that there may be inherent or other risks involved. I agree to release: Blue Ridge Community Theater, Inc. its d/b/a Sunny D Children's Theater, its d/b/a Live Music is Better, Kharisma Dance Studio, its Board of Directors, volunteers and/or the owners of the facility in which any activity that I and/or my child (children) are involved takes place, from all liability of damage and injury to myself or others. I, also, accept full liability for any loss or damage for all equipment property of the Blue Ridge Community Theater and its' dba Sunny D Children's Theater while it is in my control or possession.

PHOTO RELEASE

I grant permission to of BLUE RIDGE COMMUNITY THEATER, INC., SUNNY D CHILDREN'S THEATER d/b/a and/or its agents to use my or my Child's photos, and/or digital image for promotional purposes.

MEDICAL RELEASE

I, the undersigned do hereby give authorization to Blue Ridge Community Theater, Inc., its' representatives and agents the discretion for obtaining any emergency medical treatment that the representative/agent deems necessary for the person named below leading to, during or following any program or activity sponsored by the Blue Ridge Community Theater, Inc.

TRANSPORTATION RELEASE & LEAVING PREMISES

I, the undersigned do hereby give authorization to the representatives to transport me or my child as I direct and release Blue Ridge Community Theater, Inc., its d/b/a Sunny D Children's Theater, its d/b/a Live Music is Better, its Board of Directors, Kharisma Dance Studio, volunteers and/or the owners of any vehicle in which me or my child is transported. In addition, I further give permission for my child to leave theater premises to secure snacks, etc. in the general vicinity.

ALLERGIES, HEALTH, & MEDICAL ISSUES

Listed below are any health issues that BRCT needs to aware of: _____

(If health condition is of a personal nature, you may communicate it to the Director(s) verbally.)

PARTICIPANT'S SIGNATURE: _____

PARTICIPANT'S NAME (Print): _____

PARENT/GUARDIAN'S SIGNATURE (if participant is younger than 18):

PARENT/GUARDIAN'S NAME (please print): _____

DATE: _____