AUDITION FORM

Number: _____

Name			Height		
Address			Hair Color		
City			Eye Color	r	
State/Zip			Vocal Par	t/ Song Select	on
Email			(i.e. soprano, alto, tenor, bass - high or low)		
Roles you are	interested in:_				
Are you willi	ng to accept an	y role?		(yes/no)	
If you do not g	et a speaking rol	e are you willing t	o be in the show?	?	(yes/no)
CONFLICTS	(specific dates a	nd times, please)			
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Are you interested in working on stage crew, props, or costumes? (Please circle)

Where did you hear about this audition?_____

PLEASE LIST PRIOR EXPERIENCE ON BACK OF FORM (or attach resume). Include voice, dance, acting training and theatrical experience.

PRINT THIS FORM, COMPLETE IT, AND BRING IT WITH YOU TO YOUR AUDITION.