

Circle Audition Day: SUNDAY MONDAY

NAME: _____

ADDRESS: _____ CITY: _____ ST: _____

ZIP: _____

HOME PHONE: () _____ CELL PHONE: () _____

WORK PHONE: () _____ E-MAIL: _____

Are you volunteering for crew? [] YES [] NO If yes, what position? _____

Are you auditioning for a specific role? If yes, what role? _____

Age Range? _____ - _____

Will you accept ANY role offered to you for this production? [] YES [] NO

For Musical Auditions: Can you read music? [] YES [] NO

Vocal Range (if known) _____

List Any Rehearsal Conflicts? _____

Experience: _____

Previous Production: _____ Role: _____ Theatre Group: _____

Previous Production: _____ Role: _____ Theatre Group: _____

Previous Production: _____ Role: _____ Theatre Group: _____

Theatre Use Only

Cast Y / N

Role

Vocal Range

Dancing Ability

Date Notified

Accepted?

NOTES: