



SHOW _____ DATE _____

AUDITION SHEET

Name _____

Address _____

Telephone: Home _____ Work _____ Other _____

E-mail Address _____

Date of Birth _____ Height _____ Hair Color _____ Eye Color _____

Voice Range _____

Do you have any conflicts with the rehearsal or production schedule? If so, what dates? _____

Will you be available for callbacks? _____

List parts for which you are specifically trying out. _____

If you are cast in other than the one listed, would you be willing to take the part? _____

Are you interested in the technical aspects of this show? If so, in what area(s) are you interested? _____

List any past experience (more space on back).

Show	Part	Date	Sponsoring Organization

Training: Drama, Dance, Music (List by school or organization, course and date.) _____

Important: A successful production depends on everyone! All cast members will be required to attend every rehearsal. If you are ill and cannot come to rehearsal, please call the Theatre at 236-2851 before rehearsal. Excessive absenteeism will result in dismissal from the production.