



AUDITION SHEET

Please complete the following information and bring with you to auditions.

NAME: _____ AGE RANGE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ ALTERNATE PHONE: _____

EMAIL ADDRESS: _____

PLEASE CONSIDER ME FOR THE FOLLOWING ROLE(S): _____

PREVIOUS SHOW EXPERIENCE: (Please attach a resume if available. If needed, please continue on another sheet.)

SHOW

ROLE/CREW EXPERIENCE

_____	_____
_____	_____
_____	_____
_____	_____

TRAINING: DANCE TYPE(S) _____ VOICE _____ ACTING _____

ADDITIONAL SKILLS: _____

ARE YOU WILLING TO WORK BACKSTAGE? YES ____ NO ____

If yes, what are your interests (costumes, business, set, etc): _____

POSSIBLE REHEARSAL CONFLICTS:

Please write your conflicts on the rehearsal calendar and turn it in with your application.

----- *-please do not write below this line* -----

Director's Notes _____
