



Audition Form

Name: _____

Address: _____

City: _____ ZIP: _____

Day Phone: _____ Evening Phone: _____

E-Mail: _____

Age Range: _____ Preferred Role(s): _____

How did you learn of auditions? _____

List Theater Experience, or attach resume(use back if needed):

Schedule Conflicts:

I would be interested in helping with:

___ Set Construction

___ Light/Sound

___ Working Backstage

___ Costumes/Make-Up

___ Props

___ Volunteer Auxiliary