



Show: _____

Name: _____

Auditioning for: _____

Music: [Empty box for music description]

Reading: [Empty box for reading description]

Address: _____
Street City State Zip Code

Home Ph# () Cell Ph# () E-Mail: _____

Age (if under 18): _____

List any theatre experience you think we should know about.

Please indicate areas in which you, or a friend, are interested in helping. Friend's name & ph#: _____

Costumes _____ Set Building _____ Set Painting _____ Lighting: _____ Sound: _____

Props _____ Set Dressing _____ Ushering _____ Stage Crew: _____

Are there any dates on which you are not available for rehearsals? Please list:

Performance Dates are _____ - ____ performances