



Sound of Music Audition Sheet

Name: _____

Telephone _____ Age/Grade _____ Shirt Size _____

E-mail _____

Address _____

Desired role(s) _____

Would you accept any role, if offered? (circle one) Yes. No

Which role(s) would you not accept, if offered? _____

Role Preferences (circle one) Singing Spoken Both

Do you have any dance experience? (circle one) No Yes If yes, what type and how many years? _____

What vocal range can you sing? (circle all that apply) Soprano Mezzo-Soprano Alto Tenor Baritone Bass

Would you be willing to change your appearance for the show (change hair length/color, shave facial hair, etc.)? _____

Are you comfortable with onstage romance, kissing and/or dressing as a nun? Yes No

Previous On Stage Experience (Include name of show, part, and location)

Show	Part	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any conflicts you may have for the duration of this production. Use the back of this sheet if necessary. We will try to be flexible during rehearsals for school and community conflicts, but there can be **NO** conflicts starting June 29, 2025. ***Conflicts not listed may not be honored.**



Marshall Civic Players

Background Check Authorization (18 years and older)

I authorize Battle Creek Community Foundation on behalf of Marshall Civic Players to conduct a background check for the purpose of participating in a Marshall Civic Players production.

Full Name: _____

Date of Birth: _____

Gender: _____

Race: _____

Signature: _____