



Audition Sheet

Name _____

*Telephone (home) _____ Age and Grade _____

*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 Neither N/A

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

Show	Part	Location

Previous Off Stage Experience (lights, crew, stage manager, etc.)

Show	Position	Location

Which of the following areas would you be willing to help with?

- Asst. Directing Lights Stage Crew Set Crew (build/paint)
- Make-up Stage Manager Costumes Props
- Poster Design Program Design Bio Board House Manager
- Ushering Orchestra Box Office

Please list any conflicts you may have for the duration of this production. ***Conflicts not listed will not be honored.**