

Audition Form



Audition # _____

Your Name: _____

Parent(s) Name(s) if under 18: _____

Email Address: _____

Phone/Text Number: _____

Mailing Address: _____

Age: _____

Occupation or Grade/School Attending: _____

What is your preferred method of contact? Phone call Text Email Facebook Group/Messenger

Past Performance Experience (if any): _____

Special Talents or Skills (singing, dancing, gymnastics, martial arts, musical instruments, etc.) _____

Most actors will be asked to attend rehearsals for approximately 2 hours, 3 or 4 days per week.

Show dates are:

Friday, October 4, 2024 at 7:00pm

Saturday, October 5, 2024 at 7:00pm

Sunday, October 6, 2024 at 2:30pm

Friday, October 11, 2024 at 7:00pm

Saturday, October 12, 2024 at 7:00pm

Sunday, October 13, 2024 at 2:30pm

Will you be available to perform at all the show dates above? Yes No

If No, please explain: _____

Role(s) most interested in: _____

Will you accept any role? Yes No

If No, please specify:

I will accept any major/speaking role

I will accept any minor/supporting role

Other - Please Explain: _____

Schedule Conflicts

Please mark all dates and times with known scheduling conflicts:

AUGUST

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

SEPTEMBER

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2 Labor Day (off)	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

OCTOBER

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Tech Rehearsal	Run-Through Rehearsal	1 Run-Through Rehearsal	2 Run-Through Rehearsal	3 Run-Through Rehearsal	4 Show Day (7:00pm)	5 Show Day (7:00pm)
6 Show Day (2:30pm)	7	8	9	10 Brush-Up Rehearsal	11 Show Day (7:00pm)	12 Show Day (7:00pm)
13 Show Day (2:30pm)	14	15	16	17	18	19