

Summer Theatre

Audition Form

Please fill out completely—Please write legibly!

Name: _____ ID Number: _____ Age: _____

Cell: _____ Email: _____ Height: _____

Male Female Major(s): _____

Summer Class? _____ Work Area: _____

Evening responsibilities? Yes No If Yes, please mark with a ✓ your schedule below:

M	T	W	R	F	Sat
5p	5p	5p	5p	5p	5p
6p	6p	6p	6p	6p	6p
7p	7p	7p X	7p	7p	7p
8p	8p	8p	8p	8p	8p
9p	9p	9p	9p	9p	9p
10p	10p	10p	10p	10p	10p

Would you be willing to help in any of the following areas if not cast?

Makeup/Hair Stage Crew Costuming Usher/Hostess

Other: _____

PLEASE NOTE! Rehearsals, work days, and performances for Summer Theatre will cover a six to ten-week period from callbacks to production.

Rehearsal schedules will vary depending on the schedules of the directors.

Please sign and date your signature on the space provided after you have carefully read the following statement:

I am interested in being in this production and will accept any role offered to me. If I am selected for the cast I understand that I may also be called up to help in some of the service areas of the production. I agree to attend all rehearsals I am physically able to attend. I understand that upon casting I may be required to shave or refrain from getting a haircut.

Signature: _____ Date: _____