

# Audition Sheet

Director's Use Only:

Call Back?  Yes  No  
 2<sup>nd</sup> Call?  Yes  No

General Information	
Name:	Phone: E-mail:
Address	
City	State ZIP Code
Height	Weight
Hair Color	Eye Color Age
Roles you are interested in <i>by preference</i> :	
1.	3.
2.	4.
Will you accept any role, including chorus? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Schedule	
Please list any schedule conflicts that may impact rehearsal or performances.	
1.	3.
2.	4.
Other Interests	
If not cast, or if cast and have time, will you be willing to work on a staff? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please check next to the staff positions in which you are interested:	
<input type="checkbox"/> Box office	<input type="checkbox"/> Concessions
<input type="checkbox"/> Lighting	<input type="checkbox"/> Sound
<input type="checkbox"/> Set building	<input type="checkbox"/> Scenic painting
<input type="checkbox"/> Stage crew	<input type="checkbox"/> Orchestra
<input type="checkbox"/> Make up	<input type="checkbox"/> Props
<input type="checkbox"/> Costume/sewing	

Signature

Date

