



Audition Form

Name: _____

Address: _____

City: _____ Zip: _____

Phone: (home) _____ (cell) _____

E-mail (actor) Please print clearly: _____ @ _____

E-mail (Parent if minor) Please print clearly: _____ @ _____

Age: _____ Grade: _____ School: _____

I am auditioning for the role of: _____

I will accept any role: yes no

Please list any additional performance skills you possess. Ex. Juggling, gymnastics, instrument playing etc.

I have an interest in helping with: (check all that apply)

Costumes___ Set___ Painting___ Make up/hair___ Props___ Publicity___

Please provide us with the following information:

Height: _____ SIZES: Dress _____ Pants _____ Shirt _____ Shoe _____

Please list representative theatre experiences below: (list Date, Role, Show and Company/School)

SISTER ACT rehearses Monday through Thursday from 6:30-9:30 pm. Every actor may not be needed for every rehearsal however, please circle all known conflict dates to assist in creating the rehearsal schedule.

Mon., June 26	Wed., July 26
Tues., June 27	Thurs., July 27
Wed., June 28	Mon., July 31
Thur., June 29	Tues., Aug 1
Wed., July 5	Wed., Aug 2
Thurs., July 6	Thur., Aug 3 - TBD
Mon., July 10	****TECH WEEK Begins Here...MANDATORY ATTENDANCE****
Tues., July 11	
Wed., July 12	Sunday August 6 *** (time to be determined)
Thurs., July 13	
Mon., July 17	Mon., August 7 - 6:00- 10:00 pm***
Tues., July 18	Tues. August 8 - 6:00-10:00pm***
Wed., July 19	Wed., August 9 - 6:00-10:00pm***
Thurs., July 20	Thurs. Aug. 10 - PERFORMANCE*** 7:30 p.m.
Mon., July 24	Fri., Aug. 11 - PERFORMANCE*** 7:30 p.m.
Tues., July 25	Sat., Aug. 12 - PERFORMANCE*** 7:30 p.m.