Summer Season 2015 Audition Form

Name:		Town:		
Age:	Grade:	School:		
Parents' names:				
Phone number:		Email:		
DI 1' (1 / /		1 1 6		

Age:	Grade:	School:		
Parents' names:				
Phone number:		Email:		
Please list past theatre/p	erforming experience (us	se back if necessary):		
Is there a particular char	racter in this production	that interests you and <u>WHY</u> ? (use back if necessary)		
Are you comfortable kis	sing another actor on sta	ge?		
Are you comfortable playing a role of the opposite gender?				

Please list <u>ALL</u> conflicts between now and Aug 1, 2015. Please note that all actors must be at all rehearsals/performances from August 2—9.