Little Women

Audition Form

Name:	Town:
Age:	School:
Phone number:	

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Phone number:	
Please list any theatrical experience you that happens to be the case.	may have. You don't need to have any, if
2. Why are you interested in participating in	Little Women?
3. What particular role(s) are you interested	in, if any?
4. Would you consider playing a role of the c	opposite gender?
5. List any special talents you may have: jug etc, etc	gling, stilt walking, magic, playing dead, etc
6. Please list all conflicts you have:	
7. Are you able to be present during all dres	ss rehearsals and performances: May 16—