



Attach Photo Here

AUDITION FORM

Director: Lindsey Collins Dates of show: July 17-18 & 24-25, 2020 at 7:00 pm July 19 & 26, 2020 at 2:00 pm (to be considered you MUST BE available for ALL performances) *****Fill out completely. We use these forms for mail-outs of auditions, etc.****

*** PLEASE PRINT CLEARLY***

Name			Age
Telephone	Home	Work	Cell
Address		City	Zip
E-mail addre	SS		
How did you	ı hear about aı	uditions? (circle) Newspaper ASC Public	cation Facebook Other
Role(s) you a	are interested i	n:	
Will you acce	ept any role fo	r which you are cast? (circle) YES NO	
lf not cast, aı	re you intereste	ed in working as a crew member? (circle)	YES NO
If yes, please	circle your area	of interest: Costumes Props Set Constru	ction/Painting Backstage Usher
Do you have	conflicts with	any nights for rehearsal? (circle) Ma	on Tue Wed Thu Fri Sat Sun
What specific	c dates could y	ou NOT be at rehearsal?	
Previous exp	erience (Use tl	he back of this form if necessary):	

I give ASC permission to use my photograph in promotions for this show and ASC public promotions.

Signature: _____