

PLEASE ATTACH HEADSHOT!

Number _____

Halloween Trilogy - Audition Form

Please Write CLEARLY

Name _____ Age _____
Address _____ City _____ State/Zip _____

Parent Names _____

Day Phone _____ Evening Phone _____

Performer Email _____

Parent Email _____

Roles in which you are interested: _____

Are you willing to accept any role? _____ (yes/no)

Previous Experience (or attach resume):

Additional Skills (i.e. circus tricks)

Training:

Conflicts. Please list any specific conflicts you have with Monday and Friday evenings: *A schedule will be built around cast member availability. Be sure to check family schedules as well as school concerts and events.*

I am available for POSSIBLE Dress Rehearsals and Performances (yes/no)

Monday October 26, evening _____ (Possible Dress Rehearsal)

Tuesday October 27, evening _____ (Possible Dress Rehearsal)

Wednesday October 28, evening _____ (Possible Dress Rehearsal)

Thursday October 29 _____ (Evening Performance)

Friday October 30 _____ (Evening Performance)

Why do you want to be part of this production?