

PLEASE ATTACH HEADSHOT!

Number _____

Our Town 2024 - Audition Form

Please Write CLEARLY

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

Parent Names _____

Parent Phone _____ Performer Phone _____

Performer Email _____

Parent Email _____

Roles in which you are interested: _____

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

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

Previous Experience (or attach resume):

Additional Skills (i.e. circus tricks)

Training:

Conflicts:

Rehearsals will be Mondays 6-8:30, Tuesdays 6-8:30 and Fridays 6-8:30pm. You will not be called to every rehearsal. A schedule will be created from your conflicts. Please list ALL conflicts with Monday, Tuesday and Friday evenings between now and the performances Friday March 15 (7pm) and Saturday March 16 (2pm and 7pm).

Be specific with dates!

Why do you want to audition for this show?