

PLEASE ATTACH HEADSHOT!

Number _____

The Odd Couple - 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 fill out the conflict Calendar on the **back** of this page...

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

Monday October 21, 6-9pm _____ (Dress Rehearsal)

Tuesday October 22, 6-9pm _____ (Dress Rehearsal)

Thursday October 24, 6-9pm _____ (Final Dress Rehearsal)

Friday October 25 _____ (Evening Performance)

Saturday October 26 _____ (Evening Performance)

How did you learn about auditions?

Please CROSS OUT all dates you are NOT available for.

The rehearsal schedule will be created from this list.

Excessive conflicts/unavailability will be factored into casting decisions.

Friday September 13, evening

Monday September 16, evening

Tuesday September 17, evening

Monday September 23, evening

Tuesday September 24, evening

Friday September 27, evening

Monday September 30, evening

Friday October 4, evening

Saturday October 5, evening

Monday October 7, evening

Tuesday October 8, evening

Friday October 11, evening

Saturday October 12, evening

Monday October 14, evening

Tuesday October 15, evening

Friday October 18, evening

Monday October 21, 6-9pm (Dress Rehearsal)

Tuesday October 22, 6-9pm (Dress Rehearsal)

Thursday October 24, 6-9pm (Final Dress Rehearsal)

Friday October 25 (Evening Performance)

Saturday October 26 (Evening Performance)