



AUDITION # ______(Leave Blank. Staff will fill in)

Please print <u>legibly</u> .	PREFERRED PRONOUNS	
NAME:	GENDER	**AGE:
ADDRESS:	BEST PHONE:	
CITY/STATE/ZIP:	SECOND BEST PHONE:	
EMAIL: (this is how we contact you du	ring rehearsal period):	
	ould only include experience received AFT	pice or dance lessons for 5 years." If you have TER the last performance.) You may use the
ARE YOU AUDITIONING FOR A SPE	ECIFIC ROLE AND IF YES, WHAT?	
IF YOU ARE NOT CAST IN THIS ROL	LE, WILL YOU ACCEPT AN ENSEMBL	E ROLE? YESNO
WHAT SONG WILL YOU SING DURI	NG YOUR AUDITION?	
PERFORMER CONTRACT AND RENIGHT TYPICALLY FROM 7-10 PM WEEKENDS.). NO CONFLICTS ARE SOME MODEL SHOW WILL BE PERFORMED SPECIAL PERFORMANCES / EVENT promote the show. EVERYONE is required final performance on Sunday, 5/11/25.	WEEKNIGHTS (<i>POSSIBLY</i> TO INCLUING ALLOWED DURING PRODUCTION WIDDOWN Please speak with the director if this if AT 8 PM on 5/9/2025, 2:00 PM and 8 PM S: The principals may be asked to perform	S FORM. OUR REHEARSALS WILL BE AT DE WEDNESDAYS AND SOME WEEK AND THE WEEK BEFORE WHICH is a problem. on 5/10/25 AND AT 3:00 PM ON 5/11/2025 at marketing and other special events to ater on Saturday, 5/3/25 and load out after the ahead of time. If you
Signature:** Parent/Guardian S The Augusta Players	st. I that you would be interested in) Ing	