AUDITION SHEET

Name:		
Phone:	Email:	
What role(s) would you like	e to audition for?	
Will you accept any role?	Yes No	
If not cast, would you like t	o help backstage (i.e. lighting, sound, set crew, etc.)? Yes No	
If yes, what?		
	ou have been in either here or other theatres:	
List any backstage experien	ice you have:	
	petween now and performance dates? Yes No If	
	the back if need more room):	
	_	
	Do not write below this line	

Notes: