



Director: Phil Mastman Producer: Chad Eastwood

Performances: November 7, 8, 9, 10, 2024

AUDITION FORM

(Please complete and bring to audition.)

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

1st & 2nd Choices of Desired Roles : _____

Will you consider another role: _____

2-3 Prior Theatre Experiences: _____

Can you accept one of the more physically demanding roles, including being able to repeatedly fall to the floor and get back up? _____

Are you comfortable with accepting a role involving kissing scenes? _____

Conflicts Between OCT 1 and Performances: _____

I agree to follow any safely guidelines and costuming decisions set forth by the director and producer.

PRINTED NAME

SIGNATURE

DATE

I agree NOT to remove my own microphone and allow only trained microphone personnel to touch it.

PRINTED NAME

SIGNATURE

DATE

All actors who perform onstage must be members of the SCT club for liability reasons. I agree to join the SCT club if offered a role in the show. If you aren't offered a role in this play, would you be interested in helping in another capacity with this production? Please indicate area of interest on the line below.
