

AUDITION CARD

Show Audition For: _____

Please Mark One

- I will accept **ANY** role, including ensemble
- I will **ONLY** accept the role(s) of _____

Please PRINT clearly

Name (as you wish it to appear on program) _____

Phone # _____ Work # _____ Cell # _____

E-Mail: _____

Address: _____ City: _____ Zip: _____

Height: _____

Background information: Please answer the following yes or no

Do you have reliable transportation to and from rehearsal? _____

If so, what? (ie: parents, friend, car, bike, etc.)? _____

Do you take any medications, if so, what? _____

Please list any disabilities, medical problems, allergies, or special accommodations needed:

(Please turn over and continue. Thank you.)

Class and Work Schedule: Please fill out your work and class schedule including class name and room number. Be sure to include all outside commitments (church, shows, chorus, other schools, etc...)

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-------------|---------------|----------------|------------------|-----------------|---------------|-----------------|---------------|
| 8-9:00am | | | | | | | |
| 9-10:00 am | | | | | | | |
| 10-11:00 am | | | | | | | |
| 11-12:00pm | | | | | | | |
| 12-01:00pm | | | | | | | |
| 01-02:00pm | | | | | | | |
| 02-3:00pm | | | | | | | |
| 3-4:00pm | | | | | | | |
| 4-5:00pm | | | | | | | |
| 5-6:00pm | | | | | | | |
| 6-7:00pm | | | | | | | |
| 7-8:00pm | | | | | | | |
| 8-9:00pm | | | | | | | |
| 9-10:00pm | | | | | | | |
| 10-11:00pm | | | | | | | |