

AUDITION FORM

No. \_\_\_\_\_

Name (Nickname): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell? Y N

Texting OK? Y N

Best Way to Reach You: Call Text Email

Role(s) you would like to be considered for: \_\_\_\_\_

\_\_\_\_\_

Will you consider accepting any role offered to you? Y N

Rehearsals are Sunday (4-8), Tuesday (7-10), Thursday (7-10) at Calliope Productions.

Please list conflicts on attached calendar or circle: NONE

**The cast will be expected to be off-book by the scheduled rehearsal date for each scene.**

*(Example: for Rehearsal #1, have pages 1-14 memorized.)*

Please list your top three performance experiences:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**All auditionees will receive an email regarding casting decisions.**

If you have any questions, please list here or email [KaraKrantz@gmail.com](mailto:KaraKrantz@gmail.com)

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\_\_\_\_\_  
\_\_\_\_\_

THANK YOU FOR COMING TO AUDITION.  
HAVE FUN!