

Photo attached ☐

# St. John's Teen Drama Club

## AUDITION SHEET

Name: \_\_\_\_\_

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

Telephone: Home: \_\_\_\_\_ Parent Cell: \_\_\_\_\_ Actor Cell: \_\_\_\_\_

Actor E-mail Address: \_\_\_\_\_ Parent E-mail Address \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_

How late would you be willing to perform on Halloween evening? \_\_\_\_\_

List parts for which you are specifically trying out. \_\_\_\_\_

If you are cast in a different part, would you be willing to accept it? \_\_\_\_\_

If not cast, would you be interested in assisting with the technical aspects of this show? \_\_\_\_\_

If so, in what area(s) are you interested? \_\_\_\_\_

Previous Acting/ Technical Theatre Experience (more space on back):

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List any special abilities/talents:

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List any and all potential conflicts (regularly scheduled activities, vacations, etc.):

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Important: A successful production depends on everyone! If you are ill and cannot come to a scheduled rehearsal, please notify the producer before rehearsal. Excessive absenteeism/tardiness may result in dismissal from the production.