

Audition Form for *Evita*

Broadview Heights Spotlights Theater

For Director's Use: # _____
 Vocal Range _____
 Available for Callbacks? _____
 Cast as _____

Contact Information of Auditioner

Name:		Age:	
Mailing Address:		City/State/Zip:	
E-mail Address:			
Home Phone:		Cell Phone:	
Parents' Names:		Emergency Contact #:	
Parents' Email:			

Previous Experience (If you have a resume, please attach)

Theater (Please list most the four most recent):

<u>Show</u>	<u>Role</u>	<u>Theater</u>	<u>Director</u>

Briefly describe any vocal/choral singing experience. Which part(s) are you most comfortable singing?

Briefly describe any dance training/experience. Include style and number of years.

Do you play any musical instruments?

Other Special Skills:

In which role(s) are you interested? _____

Will you accept another role if offered? _____

Name _____

What else should the directors know about you? (Please be brief.)

On the calendar below, please **clearly mark the times you are not available**. Rehearsals may be scheduled on Saturday and/or Sunday afternoons and weeknights from 6:00 to 8:30PM. **Dates shaded in gray** will not be scheduled for rehearsals.

<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>
April 24	April 25	April 26	April 27	April 28	April 29	April 30
May 1	May 2	May 3	May 4	May 5	May 6	May 7
May 8	May 9	May 10	May 11	May 12	May 13	May 14
May 15	May 16	May 17	May 18	May 19	May 20	May 21
May 22	May 23	May 24	May 25	May 26	May 27	May 28
May 29	May 30	May 31	June 1	June 2	June 3	June 4
June 5	June 6	June 7	June 8	June 9	June 10	June 11
June 12	June 13	June 14	June 15	June 16	June 17	June 18
June 19	June 20	June 21	June 22	June 23	June 24	June 25

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Please initial this box to acknowledge that if cast, a \$25 script deposit (refundable) will be collected at the first rehearsal. Check or cash will be returned upon undamaged return of the script.

By signing below, you acknowledge that the information on this form is truthful and accurate. You also understand that participation in this production requires a high level of participation and commitment.

If cast, additional conflicts that are not noted on the above calendar CAN NOT be accommodated.

Signature _____ Date _____

By signing below, the parent acknowledges familiarity with the language and content of the show.

Parent Signature _____ Date _____