Photo	attached	
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## St. John's Drama Club AUDITION SHEET

name:			
Address:			
		Actor Cell:	
Actor E-mail Address:	Parent E-mail Address:		
Age:Date of Birth:			
Height:			
Hair Color:			
Eye Color:			
Will you be available for call	packs?		
List parts for which you are s	pecifically trying out		
		accept it?	
Are you interested in a solo p	art?		
Do you know your voice type			
		aspects of this show?	
ii so, iii wilat alea(s) ale you			
Previous Acting/ Technical TI	neatre Experience (more s	space on back):	
List any special abilities/talen	ts:		
List any and <u>all</u> potential con	flicts (regularly scheduled	activities, vacations, etc.):	

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.