

St. John's Drama Club

Non-Musical

AUDITION SHEET

Name: _____

Address: _____

Telephone: Parent: _____ Teen: _____

E-mail Address: Parent: _____ Teen: _____

Age: _____ Date of Birth: _____

Height: _____

Hair Color: _____

Are you willing to cut or otherwise change your hairstyle? _____

Eye Color: _____

Will you be available for callbacks? _____

List parts for which you are specifically trying out. _____

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

Would you be interested in assisting with the technical aspects of this show? _____

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

Do you know the ASL manual alphabet? _____ If no, are you willing to learn? _____

Are you comfortable with being touched a lot by your fellow actors including having the actress playing Helen sticking her fingers in your mouth? _____

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

List any special abilities/talents:

List any and all potential conflicts (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.