

AUDITION INFO

Personal Information

Name:		
Phone:	Email:	
Address:		
City:	Zip:	
Age:	Gender: Male/Female	Height:
Vocal Range:		
Dance Training: Yes / No Years: _____	Special Skills:	

Preferences

Roles you'd like to be considered for:
Will you accept any role? Yes No
Are you auditioning with any family members? Yes No
If "Yes" please list them:
Are you willing to alter your hairstyle for the show? (ie cut/dye hair) Yes No
Will you do a stage kiss? (This is a must to be considered for Captain/Maria) Yes No

Experience (please include your resume or list your performance experience below)

Conflicts (Please list all conflicts on the calendar on the back)

Please list all conflicts between June 20th - August 29th

I understand the commitment I am making to be cast in The Sound of Music and agree to attend all rehearsals and performances I am scheduled for unless previously approved (*conflict list*) by the production staff.

Signature: _____ Date: _____

June						
						20 First Rehearsal
21	22	23	24	25	26	27
28	29	30				
July						
			1	2	3 NO REHEARSAL	4 NO REHEARSAL
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24 NO REHEARSAL	25 NO REHEARSAL
26	27	28	29	30	31	
August						
						1
2	3	4	5	6	7	8 TECH REHEARSAL
9	10 Rehearsal	11 Rehearsal	12 Rehearsal	13 Rehearsal	14 Opening Night	15 Show (matinee and evening)
16	17 Show	18	19 Show	20	21 Show	22 Show (matinee and evening)
23	24 Show	25 Show TBD	26 Show	27 Show TBD	28 Show	29 Show (Possible matinee and evening)