

Audition Information

Name: _____

Contact Information: _____

Cell Phone: _____ Texts? _____ Group Texts? _____

Rehearsals are not intended to be exhausting, which is why we are planning to rehearse once a month. Rehearsals will naturally need to increase once January comes, and as the need dictates. Please check over the proposed dates for rehearsals. These dates are somewhat flexible, and we are willing to work with your work schedule. If you know of dates that you absolutely cannot make rehearsals, please list them.

What are the best days for rehearsals for you? Please indicate your rehearsal preferences by listing them by number - 1 = best day/time; 2 = better day/time; etc.

Monday_____	Tuesday_____	Wednesday____	Thursday_____	Friday_____	Saturday_____
Evening_____	Afternoon____	Afternoon____	Afternoon____	Afternoon____	Morning_____
	Evening_____	Evening_____	Evening_____	Evening_____	Afternoon____
					Evening_____

Are there specific days in the month that you cannot rehearse? Please list them here. _____

Are you willing to help out in other areas? These are the areas that we need help in:

Costumes, props, sound, lighting

What is your experience in drama? _____

What is your experience in music? _____

Do you have experience in choreography? _____

Do you consider yourself teachable? _____

Do you work well with others? _____

What would you consider to be your greatest strength? _____

Why? _____

What would you consider to be your greatest weakness? _____

Why? _____

Is there anything else about yourself that you would like to tell us? _____

I understand that I am committing to this musical in my own part, and I understand that, while the directors will do everything they can to work with my schedule, life can get crazy, and I may need to sacrifice on occasion. In signing this application for the musical, I am not guaranteeing my life away; I am simply agreeing to do my personal best to be the best I can be in this musical, including areas of attendance for rehearsals, attitudes, humility and teachability, and personal practice.

Signature

Date