



Audition No.

AUDITIONEE INFORMATION

PLEASE PRINT ALL INFORMATION NEATLY!

Last Name	First Name	MI	Name you prefer to be called (if other)
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Street Address	ZIP Code
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Home Phone	Email	Age
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Vocal Range: Soprano Alto Tenor Bari Bass Don't Know _____

Role for which you are auditioning

Other roles for which you would like to be considered
(1) _____ (2) _____

List any regular weekly commitments you have that will interfere with the rehearsal schedule. Please include day of week and time for each item listed.
Day of Week Time Commitment _____

Please list any single dates or extended time frames that you will not be able to attend rehearsal.
Date Reason /Commitment _____

Previous Theatre or Dance Experience/Special Talents
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Will you accept any role for which you are cast? Yes No

If you are not cast, would you be interested in working on one of the technical crews? Yes No

(OVER)

Person to Contact in Emergency	Relation to You
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Phone 1	Phone 2	Other (Pager, etc.)
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Other phone numbers at which YOU can be reached (pager, mobile, second house, family member, work, etc.)

Disabilities, Medical Conditions, Medications, etc.

Please read the following carefully and sign below.

AS A COMMUNITY THEATRE OF CLAY COUNTY (CTCC) VOLUNTEER, I AGREE TO SHOW RESPECT TO ALL OTHER VOLUNTEERS, ABIDE BY ALL CTCC RULES, AND ATTEND ALL REQUIRED REHEARSALS AND FUNCTIONS UNLESS I AM EXCUSED BY THE DIRECTOR. I UNDERSTAND THAT FAILURE TO DO SO MAY RESULT IN MY BEING DISMISSED FROM THE PRODUCTION. FURTHERMORE, I AGREE TO CONDUCT MYSELF IN A POSITIVE AND RESPONSIBLE MANNER AT ALL TIMES, AND TO PROMOTE BOTH THE SUCCESS OF THE PRODUCTION AND THE WELFARE OF MY COLLEAGUES.

Signature

Date