

One-Acts Audition Form

Please print this form and bring with you to one-act auditions on either **MONDAY, DECEMBER 3** or **TUESDAY, DECEMBER 4**. Check-in is in room G139, the Black Box Theatre.

PLEASE WRITE NEATLY!

First and Last Name : _____

Grade: _____

E-mail Address (the one you actually check!): _____

Your Phone Number: _____

School ID: _____

Parent E-mail Address: _____

Parent Contact Number: _____

***Please note that your phone number and e-mail address will be shared with your director as they may choose to e-mail or text rehearsal information.**

Please write down any theatre experience you have. Please feel free to use the back of this paper to write down more if needed.

We may need to cast students in more than one play. Would you be willing to perform in more than one show if necessary?

Please write down any conflicts you have between now and February 2nd. This includes after school commitments, travel, etc. BE SPECIFIC with dates and times.
