

Name \_\_\_\_\_ E-mail \_\_\_\_\_  
(as you wish it to appear in the program – print clearly)

Parents Name (if under 18) \_\_\_\_\_ BEST Contact Phone # \_\_\_\_\_

BEST E-mail \_\_\_\_\_

Where did you hear about this audition? \_\_\_\_\_

Age \_\_\_\_\_

Pronouns \_\_\_\_\_ Height \_\_\_\_\_ Hair Color \_\_\_\_\_

What role(s) are you interested in? \_\_\_\_\_

Will you accept another if given that instead?      Yes      No

**Please tell us about your training and experience or attach your resume.**

Role	Show	Theatre Company, Director, Location (if not in Wilmington)

Training in dance, music or acting \_\_\_\_\_

Special skills \_\_\_\_\_

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**PLEASE FILL OUT THE OTHER SIDE OF THIS FORM**

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**We are happy to try to work around your conflicts but we need to know about them up front. Please indicate the times you are NOT available including Friday nights and weekends.**

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	February 15	16	17	18	19	20
21	22	23	24	25	26	27
28	March 1	2	3	4	5	6
7	8	9	10	11	112	13
14	15 5-9 FILMING	16 5-9 FILMING	17 5-9 FILMING	18 5-9 FILMING	19 OPENING NIGHT	LIVE SHOWS THIS WEEKEND AND NEXT