

Name _____
(as you wish it to appear in the program – print clearly)

Parents Name (if under 18) _____

BEST Contact Phone Number _____

BEST E-mail _____

Where did you hear about this audition? _____

Age _____

Pronouns _____ Height _____ Hair Color _____

Voice Part (i.e. soprano, tenor, etc) _____

Favorite Beatles Song _____

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

PLEASE FILL OUT THE OTHER SIDE OF THIS FORM

**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
	January 11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	February 1	2	3	4	5	6
7	8 5-9 FILMING	9 5-9 FILMING	10 5-9 FILMING	11 5-9 FILMING		