



Audition Form

Peter Pan

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

Parents Name (if under 18) _____ BEST Contact Phone # _____

Parents E-mail _____

Where did you hear about this audition? _____

Age _____ (if under 18)

Gender _____ Height _____ Hair Color _____

Are you interested in a particular role(s)? _____

If not given that role will you accept another? Yes No

Will you accept any role including ensemble? Yes No *Please Answer Honestly*

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
	July 27	28	29	30	31	August 1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	September 1	2	3	4	5
6	7 Tech Rehearsal 5-9	8 Tech Rehearsal 5-9	9 Tech Rehearsal 5-9	10 Tech/Dress Rehearsal 5-9:30	11 Open	12 Show
13 Show	14	15	16	17	18 Show	19/20 Show