NAME:			GENDER:
PHONE & EI	MAIL:		
AGE:	HEIGHT:	SHIRT SIZE:	PANT SIZE:
ROLE(S) AU	DITIONING FOR:		
WOULD YO	U ACCEPT ANY RO	OLE (please circle): YES or	NO
	_	experience, roles, and year	
Show Title		Role	Year
		g experience (Please List): Years Practiced	To a show ow Cabo al Nove
Fraining		rears Fracticeu	Teacher or School Name
Other Taler	nts: (gymnastics, tap	, musical instruments, accents, s	stage combat, etc.)

Dates of conflict: please be as hone	st & complete as possible.
Availability: please list times of day (i.e. Monday 7-10pm)	//night
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	
at rehearsals (Pecatonica) and perf show to be successful attendance at necessary. If I am not able to make Side Productions as soon as possible show dates are MANDATORY, Tech	he best of my knowledge. I understand that being formances (Rockford) is required. In order for the t all scheduled rehearsals with full casts are a rehearsal I will notify a member of Thorn In The le of an absence. I understand that tech week and Week 9/9-9/12, Performances 9/13, 14, 20, 21
Signature:	
Date:	
FOR DIRECTOR'S USE ONLY:	
Acting:	Role Fit:
Stage Presence:	Other:
CALL BACK: Y N	

Other Notes: