

SUN CITY COMMUNITY THEATER

JEEVES AT SEA

Director: Robert Adams

Performances: August. 26 - 28

AUDITION AND INFORMATION FORM

(Please complete this form and bring to audition)

Date: _____

Name: _____

Address: _____

Phone (Home) _____ **Cell:** _____

Email Address: _____

Roles auditioning for: _____

Will you accept another role? Yes _____ **No** _____

Theater Experience

Show, Role, Theater

Date Conflicts:

I agree to follow any safety guidelines and costuming decisions set forth by directors and producers

Printed Name

Signature

Date

If you are not offered a role in this play, would you be interested in helping in another capacity with the production?
Please check any of the areas of interest:

____ Backstage

____ Props

____ Set Painting

____ Costumes/Dressers

____ Set Construction

____ Other _____