

Sweet Charity



Director: Robert Adams
Performances Sept 22-24, 29, 30, 2023

AUDITION FORM (Please complete this form and bring to audition.)

NAME: _____

ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

ROLE(S) FOR WHICH YOU ARE AUDITIONING: _____

2-3 PRIOR THEATER EXPERIENCES:

DATE CONFLICTS BETWEEN June 20th and performances:

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

PRINTED NAME

SIGNATURE

DATED

I agree to NOT remove my own microphone and to allow only trained microphone personnel to touch my microphone.

PRINTED NAME

SIGNATURE

DATE

All actors who perform onstage must be members of the SCCT club for liability reasons. I agree to join the SCCT club if offered a role in the show. If you are not offered a role in this play, would you be interested in helping in another capacity with this production? Please check any areas of interest:

- Stage Crew
 Costumes/Dressers

- Props
 Set Construction

- Set Painting
 Other _____