

SUN CITY COMMUNITY THEATER



Director: Phil Mastman Producer: Norma Lavelle

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

Name: _____

Address: _____

Phone (Home) _____ **(Cell)** _____ (Put a check mark next to preferred)

Email Address: _____

Role(s) auditioning for: _____

NOTE: Because this is a large ensemble cast, you may be asked to read for roles other than your preferred ones.

Theater Experience

Show, Role, Theater

Date Conflicts (July 15 through November 6):

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 _____

____ Microphones