



AUDITION NUMBER

Audition Form – *Sweeney Todd*

Full Name: (as in program) _____

AUDITION SONG: _____

Address: _____

E-Mail Address _____

Cell Phone# _____

Role (s) You Are Interested in Auditioning for _____

Would you consider other roles? Yes No

If you're under 18, please provide contact information for parent(s)/guardian(s):

Parent/Guardian #1:

Name: _____ Phone: _____

Email: _____

Parent/Guardian #2:

Name: _____ Phone: _____

Email: _____

Previous Experience: (Role, Title, School/Theatre)

Training: (# of Years, Type, Teacher/Studio/School)

OVER →

How might you be able to assist in other ways with this production?

- | | | |
|--------------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Producing | <input type="checkbox"/> Costumes | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Sets | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Program/Ads | <input type="checkbox"/> Props | |

Are you willing to help supply your own costume pieces? Yes No

Please review the Rehearsal Schedule (as of 5/20) and indicate if there are any dates or times that you are not available for rehearsals.

ETC membership (\$35 UD resident/\$40 non-resident)

- Currently a member for the 2017-2018 season
- Not a member (Please complete the MEMBERSHIP FORM – see staff)

Add my email address to the etc distribution list so that I receive notification of auditions, performances, and events: Yes No

Thank you for your interest in our production! We appreciate your sharing your talent and abilities with us and we look forward to the opportunity to work with you!