

# Somerset Valley Players

## Audition Form

Date of Audition \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Which role(s) are you auditioning for? \_\_\_\_\_

Would you be willing to accept another role, if offered?      YES      NO

Please list previous theatre experience below (and on back of sheet if needed) or attach a resume:

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Age Group: \_\_\_\_\_      Male      or      Female

Please list **ALL** conflicts you have with rehearsal dates:

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Would you be willing to work backstage or in any other aspect of this performance:      YES      NO

If so, what: \_\_\_\_\_

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