

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:

Age Group: _____

Male or Female

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

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

If so, what: _____
