



Audition Form



Rotation Date _____

Name _____ Home Phone# _____

Housing/Brks Address _____ Duty# _____

Mailing Address _____ Cell # _____

City _____ St. _____ Zip _____

Email Cast member _____

Age _____ Sex M/F

Would you be willing to accept any role? _____ If no please explain why. _____

If you are not cast in this show would you be willing assist with the show. Please check. YES _____ NO _____

Days you CANNOT rehearse: _____

I understand if I accept a part, that I will be expected to contribute At least two hours of time to one of the following: (Please indicate your order of preference.1 to 6.)

Set Construction _____ Painting _____ Props _____

Costumes _____ Backstage help during performance _____ Publicity _____

Please list any theatrical Experience on back

If selected as a performer, or if you desire to work in any capacity for this production, you must be a member of Pops. However, you do not have to be a member to audition. Membership fee is \$10 adults and \$5 for children 15 and under.

Membership is open to all SOFA STATUS PERSONAL.

Sign _____

PLEASE DO NOT WRITE BELOW THIS LINE---DIRECTOR'S USE ONLY