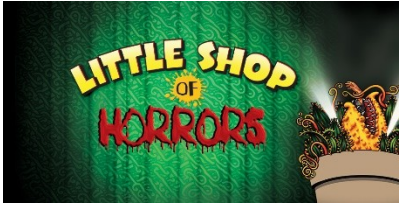


For Director's Use

Vocal Part _____

Harmony _____

Range: _____



LITTLE SHOP OF HORRORS AUDITION SHEET

Name: _____ Age (if a minor): _____

Parent/guardian name (if minor): _____

Email Address: _____ **PRINT** CLEARLY!

*Make sure you check this email address daily for notifications!

Address: _____

Phone: Cell _____ Home _____ Work _____

Are you auditioning for a specific part? If so, which one _____

If not cast in this role, are you open to others? Yes No

Past performance experience: Include plays, musicals, choir, dance, etc. USE BACK IF MORE SPACE NEEDED

Performances: June 4, 5, 6, & 9, 10, 11 **Dress Rehearsals:** *May 30, June 2 & 3 (tentative)

***YOU MUST BE PRESENT FOR ALL PERFORMANCES & DRESS REHEARSALS.** No Exceptions, sorry.

*We will have a read-though and hand out materials at a date to be determined as soon as possible.

Rehearsals will take place on weekday evenings between 6-9 PM, with a few weekend dates also. We carefully limit the weekend hours we demand of our volunteers.

A rehearsal schedule will be created after auditions, and we will strive to work around auditionees' schedules to the best of our abilities. **THEREFORE, you must list any conflicts you have on the back of this sheet.**

"I understand with the above and I agree": _____

(Auditionee OR parent for minors signature)

*Thank you for auditioning for **LITTLE SHOP OF HORRORS***



DATES OF CONFLICT-LITTLE SHOP OF HORRORS

List all dates and times you have scheduling conflicts between now and May/June dress rehearsals and performances. THIS IS IMPORTANT, so please take it seriously.