

Winchester Little Theatre

Audition Registration Form

Production & Production Dates

Name:		Age:
Address:		Height:
	City / State / Zip Code	Hair Color: _____
Cell Phone:		Are you willing to cut your hair (beard)? Yes _____ No _____
	Text: Yes _____ No _____	Are you willing to color your hair? Yes _____ No _____
		Alt Phone:
Email:		

Please indicate the part(s) for which you are interested in reading:

Will you accept any role if cast?	Yes:	No:	Which?
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Please list your more recent on-stage experience (Use back of first sheet of form if necessary or attach résumé):

Please list any dates or regular days of the week on which you will be unavailable for evening rehearsals:
(or use calendar if supplied by director)

Please make special note of any conflicts that fall within the two weeks prior to opening:
(Are these negotiable or inflexible?)

What is the earliest time during the following days that you are available to begin rehearsal?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday

If we cannot cast you in this production we encourage you to share your talents with us in another capacity. Please circle and number in order of preference the areas that you would enjoy participating in:

<input type="checkbox"/> Assistant Stage Manager	<input type="checkbox"/> Hospitality	<input type="checkbox"/> Program
<input type="checkbox"/> Box Office	<input type="checkbox"/> Lights & Sound	<input type="checkbox"/> Set Construction
<input type="checkbox"/> Costumes	<input type="checkbox"/> Lobby Décor	<input type="checkbox"/> Set Dressing
<input type="checkbox"/> Hand Props	<input type="checkbox"/> Make-up & Hair	<input type="checkbox"/> Set Design