West Bend Children's Theatre Inc.

ADULT AUDITION FORM

Audition #

Name: Legal first	middle	last	
Home Phone:	Cell Phone		
Address:	City:	Zip	
EMAIL:			
Ever sung a solo? V	oice/Voices you are able to singso	pranoaltoteno	orbass
DOB Height?	I have had lessons inball	ettapjazz	gymnastics
Special Skills (juggling, trick	ks etc)		
· ·	le: YES NO I am interested in work		
Please check your prefer	bers and/or family to help in one ence: Set Decoration/painting		
	have performed in starting with your mo ere to have fun, learn, and create a fantas		o not worry if this
Name of Productions	Role	Organization	
Are you interested in audit	ioning for a particular role?		
Will you accept any role offered to you?		Yes	No
Will you accept an ensemb			

Rehearsals will take place in the evenings (primarily Monday through Thursday) and a couple of possible Saturdays or Sunday dates. Rehearsal dates will be January read thru with full rehearsals being January - April. Production held at the Silver Linings Art Center (West Bend High School) April 17,18,19. Please list ANY conflicts on the following page.

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ADULT AUDITION FORM- page 2

Audition #

Name: Legal first	middle	last
You must fill	out the information below - Dates	/Times I am NOT available
List any days you are	gone for other commitments: for ex	ample: Will you be gone for vacation?
	-MAY NOT HAVE ANY SHOW	CONFLICTS-
	SHOW DATES: APRIL 17	7 - 20
· ·	ich you regulary have other commork, church, school activity.	nitments. For example: Tuesdays &
DAY	TIME	TIME
Monday		
Tuesday		
Wednesday		

WBCT Adult Audition Form

Thursday

Saturday

Friday

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