



**OCONEE
COMMUNITY THEATRE**

AUDITION FORM

Please Print

Show: _____ Audition Date: _____

Name: _____ Phone Number: _____

Mailing Address: _____

Email: _____

Age Range: _____ Height/Weight Range _____

Occupation: _____

	List Details (if applicable)
Play an instrument? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you sing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you dance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What part are you reading for? (I understand by auditioning I agree to accept any part <input type="checkbox"/> Yes <input type="checkbox"/> No)	
List Theatre Experience	
List ALL prior commitments (dates/times) that would conflict with rehearsals. This includes weekly meetings, evening work, classes, etc.	