

Audition Form

(please print clearly)

Mr. Burns

Name:					
Email Address:			Phone:		
University Affiliation (check one)	Student	☐ Faculty			Not Affiliated
What year are you?					
What is your major/ minor?					
Briefly describe your dancing/stage expe	erience (or attach	n resume):			
Do you have any talents/ abilities you w Singing, Musical instrument, juggli					
Are you able to attend all scheduled rehouse the production calendar. If you					
Please write your class schedule each da	ıy, Monday throu	ıgh Friday.			

If not cast, would you like information about working on the crew for this production?	Yes	□ No

Please block out the times that you are UNAVAILABLE (class, work, etc.) with an "X".

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Time	Saturday	Sunday
6:00pm						10:00am		
7:00pm						11:00am		
8:00pm						12:00pm		
9:00pm						1:00pm		
10:00pm						2:00pm		
11:00pm						3:00pm		
						4:00pm		
						5:00pm		
						6:00pm		
						7:00pm		