



Community Circle Players at Riverwalk
AUDITION FORM

Name of show:	Today's date:
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How did you hear about our auditions? Check all that apply:
 Social media Website Newspaper Brochure Word of mouth Other:

Your name (as you wish it to appear in programs if cast):

Street address:	City:	State:	Zip:
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Phone:	Email:
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For what role(s) are you auditioning?

Would you accept an alternate role? Yes No | Other role(s):

Age:	Approx. height and weight:
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Are you willing to change your hairstyle or color? Yes No Willing to wear a wig? Yes No

Are you willing to wear costumes selected by the director and costumer for your part? Yes No

Music experience (if applicable to this production):

Your basic vocal range: <input type="checkbox"/> Soprano <input type="checkbox"/> Alto <input type="checkbox"/> Tenor <input type="checkbox"/> Bass	Can you sing harmony? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comfortable soloing? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Dance experience (if applicable to this production):

Most recent acting experience. Please list past roles/positions, name of production and organization. *Be selective.* List any additional info on the back of this sheet.

Show:	Your role:	Theatre/Group:	Year:

If you are not cast, would you be interested in helping with any of the following? Check all that apply:
 Costumes Props Lights Sound Stage Management Other: