

***Clue: The Musical*— Audition Form**

Sex _____ Age _____

Name: _____

Address: _____ City _____ Zip _____

(Cell) _____

Email: _____

Guardian's Name: _____ Guardian's Name: _____

Work # _____ Work # _____

Cell # _____ Cell # _____

Email: _____ Email: _____

Please list experience in acting, singing, and dancing _____

Please list special talents (i.e. – stage dialects, tap, juggling, acrobatics, etc.) _____

Do you have reliable transportation? _____

What roles are you interested in? _____

If not cast as a lead, would you consider another role? _____

How did you hear about *this* audition? _____

I, _____ hereby authorize and give my permission to the
COMMUNITY THEATRE OF GREENSBORO, to use (in any format) the likeness, name, voice and
words of _____, myself or (my child), without compensation to my child or
me, for the purpose of communicating, promoting, or advertising the purposes of the Community
Theatre of Greensboro.

Signature: _____

Date: _____

Under 18 Parent/Guardian Signature _____

Date: _____

**Please list any conflicts you have within the rehearsal period or production date(s) on the
calendar on the back of this form.**

Show Dates:

March 8, 9, 14, 15 & 16 at 7:30pm

March 10, 16 & 17 at 2 pm

January						
S	M	T	W	TH	F	S
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

February						
S	M	T	W	TH	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28		

March						
S	M	T	W	TH	F	S
					1	2
3	4	5	6	7	8 7:30PM SHOW	9 7:30PM SHOW
10 2PM SHOW	11	12	13	14 7:30PM SHOW	15 7:30PM SHOW	16 2 & 7:30PM SHOW
17 2PM SHOW	18	19	20	21	22	23