community theatre of greensboro
For the community. By the community.

Date _____# _____

13: The Musical — Audition Form

Sex _____ Age _____

Name: _____

Address: _____City _____Zip _____

(Cell) _____

Email: _____

School Name:_____

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:_____

Show Dates:

February 8 & 15 @ 7PM & February 9, 10, 16 & 17 @ 2PM

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Please list any conflicts you have within the rehearsal period or production date(s) on the calendar below.

December 2018						
S	M	T	W	TH	F	S
16	17	18	19	20	21	22
23	24 Christmas Eve	25 Christmas Day	26	27	28	29
30	31 New Years Eve					

January 2019						
S	M	T	W	TH	F	S
		1 New Years Day	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	29	30	31		

February 2019						
S	M	T	W	TH	F	S
					1	2
3	4	5	6	7	8 7PM Show	9 2PM Show
10 2PM Show	11	12	13	14	15 7PM Show	16 2PM Show
17 2PM Show						

Show Dates:

February 8 & 15 @ 7PM & February 9, 10, 16 & 17 @ 2PM