

***Ghost 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:

October 11th, 12th, 17th, 18th, & 19th @ 7:30pm

October 13th & October 20th @ 2:00pm

September						
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
29	30					

October						
S	M	T	W	TH	F	S
		1	2	3	4	5
6	7	8	9	10	11 SHOW @ 7:30pm	12 SHOW @ 7:30pm
13 SHOW @ 2pm	14	15	16 SHOW @ 7:30pm	17 SHOW @ 7:30pm	18 SHOW @ 7:30pm	19 SHOW @ 7:30pm
20 SHOW @ 2pm	21	22	23	24	25	26
27	28	29	30			