

STRATTON PLAYERS

Please print clearly

AUDITION FORM

YOUR NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (day) _____ (evening) _____

EMAIL _____

MALE _____ FEMALE _____ AGE _____ HEIGHT _____ WEIGHT _____

Do you currently receive our audition notices? YES _____ NO _____

NAME OF SHOW _____

Consider me for the part(s) of _____

THEATRE EXPERIENCE (A Brief List Please)

POSSIBLE REHEARSAL CONFLICTS?

Voice part FOR MUSICALS _____ ALTO _____ MEZZO _____ SOPRANO _____
BASS _____ BARITONE _____ TENOR _____

If you are not cast in a principal role, will you accept a part in the chorus?

YES _____ NO _____

(Your response will in no way impact casting decisions. We ask so that we have a realistic picture of our casting options.)