Audition Number

Callback for:

Consider for:

Cast for:

Seussical Audition Form

Please complete one audition form AND one conflict calendar for EACH PERSON auditioning.

Name:		Pho	one:	Alt. Phone:	
Address:			Email:		
Age:	Height:	Weight:	Hair (Color :	
Are you w	villing to (check all that apply):	Cut hair Color hair	Purchase a wig		
Vocal Ran	ge (circle all that apply): Bass	Baritone 2 nd Tenor	1 st Tenor Alto	Soprano Mezzo Soprano	
	any experience or training artial arts) You may attach a		or theatre. (Please a	also include: training/level in gy	vmnastic
If you are	pecial talents or abilities: auditioning with any family	members and DO NOT v	wish to be cast with	out them, please list their nam	es and
Would yo (Selecting N	bu be willing to accept ANY loo, will not negatively affect casting	ROLE ? YES g decisions but instead will all	NO ow us to cast effectivel	_{y.)} w ways? (Check all that apply)	
	Pit Orchestra	Costume Construct		et Construction	
_	Set Design / Painting	Publicity / Adverti	singD	onations	
_	Ushering	Concessions	Ba	ack Stage / Tech	
provided a recast if m possibility	current head shot. I have liste y conflicts change. Rehearsals of being cast. I understand th	d ALL CONFLICTS which I h will be M, W, F and Sature at casting involves a numb	nave during production days and I am aware er of factors including	pleted and attached a Conflict Cale on time and understand that I ma that the amount of conflicts may g: talent, availability, work ethic, p scheduled rehearsals and performa	y be affect the hysical

If you are under the age of 14 your parent(s) must be willing to donate a minimum of 10 hours. We will need parental help at certain rehearsals and during performances.

Signature:_____ Date:_____