

Audition/Conflict Form For LYSISTRATA

Please sign here that you will follow all COVID safety measures required: _____

CONTACT INFORMATION

Name: _____ Preferred Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone [cell]: _____ Phone [secondary]: _____

Email Address: _____ Alt. Contact Method: _____

Preferred Method of Contact [circle one]: PHONE – TEXT – EMAIL – OTHER: _____

BACKGROUND INFORMATION

List any relevant experience:

Applicable training? If so, please specify: _____

APPEARANCE

Gender: _____ Hair Color: _____ Eye Color: _____

Age / Class: _____ Clothing Description: _____

Racial/Ethnic Identity(optional) _____

Are you willing to alter hair length or color if cast? Yes No

INTERESTS & SKILLS

Preferred Role: _____

Will you accept any role if cast? Yes No

Special Talents or Abilities: _____

Languages: _____ Accents: _____

SCHEDULING CONFLICTS (Please list **any** conflicts during the times indicated) **NOTE: Rehearsal Schedule is Tentative**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Noon- 3PM	6:00-9:00 pm	6:00-9:00 pm	6:00-9:00 pm	6:00-9:00 pm	TBA	OFF