

# Audition Form



P.O. Box 743  
Sidney, Ohio 45365-0743

www.sockbuskin.org

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Email address \_\_\_\_\_

*I hereby give permission to S&B to use my name and/ or picture for publicity purposes*

*(Parents or auditioner) Signature* \_\_\_\_\_

*Parents names if under 18:* \_\_\_\_\_

<b>Age</b>	
<b>Race</b>	
<b>Height</b>	
<b>Weight</b>	lbs.
<b>Hair Color</b>	
<b>Eye Color</b>	

**Voice Part (check one)**

Soprano

Alto

Tenor

Baritone

Bass

**Special Skills:** (dance, accents, stage combat, etc.)

Are you a member of Sock and Buskin Community Theatre?     Yes                       No

Is there a particular role in which you are interested? If so, which one? \_\_\_\_\_

Will you accept any role?     Yes                       No

If not cast in this show, would you be interested in working on the show in some other capacity? If so, mark all that apply.

- Backstage crew     Set Construction     Lighting     House Manager     Sound     Publicity  
 Props     Costumes     Usher     Assistant Director     Other

List prior theatre experience (use back of form if necessary)

Show	Year	Role	Company

List any possible schedule conflicts.