

ΑΓΟΉΗ ΡΕ̈́ΒΕΟΥΜΙΝΟ ΑΒΤζ (ΟΜΡΑΝΥ

P.O. Box 794 Kealakekua, HI 96750 (808)322-9924

Audition Form The Rocky Horror Show

Last Name	First Name	Phon	9	Email	-
Age Range Geno	ler Height	Hair (Color	Vocal Range	-
What piece have Role Auditioning Will you accept	for: another role? \	/ N			-
Will you accept a If necessary (you		,	•	understudy role? Y callback audition c	
My Primary Inte	rest is Singi	ng Dancing	Acting		

Performance/Theatrical Experience: (Please list production, role, organization, and approximate date. If you need additional space please use the back of this form)

Please specify days and/or times that you are NOT available:

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
AM							
PM							

Are you a team player? We need as much help backstage as onstage. Please check any areas that interest you (training provided):

Stage Crew Props Costume Hair/Makeup Lights Sound

Assistant Director	Usher	Box Office	Concessions	Other (describe below)
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I have looked at the rehearsal schedule and I am available except as noted above. I realize that in accepting a role I am making a commitment to attend all rehearsals and performances. I will be prompt, prepared, and **cooperative**.

Signature: _____ Date: _____