

Aloka Performing Arts Company

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

Audition Form South Pacific

Last Nam	e Firs	st Name	Р	Phone		Email	
Age Range Gender Height		Н	Hair Color Vocal		Range		
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iviy Primai	ry interest	is Singir	ig Danc	ing Actin	g		
Performar	nce/Theatri	cal Experie	nce: (Please lis	st production, role	e, organization, a	and approximate	e date. If
you need addi	tional space pleas	se use the back	of this form)				
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riease spi	Mon.	Tues.		are NOT ava	Fri.	Sat.	Sun.
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Stage Crew Props		Costume	stume Hair/Makeup l		ts Soun	d	
Assistar	nt Director	Usher	Box Offic	e Conce	ssions C	Other (descr	ibe below
I have lo	oked at th	e rehears	al schedul	e and I an	n available	except a	
				g a role I		•	
		rsals and	performar	ices. I will	be promp	t, prepare	ed,
and coop	erative. :			Date.			
Signature	•			Date:			