



ALOHA THEATRE

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

Audition Form *The Rocky Horror Show*

Last Name	First Name	Phone	Email
Age Range	Gender	Height	Hair Color
			Vocal Range

Role Auditioning for: _____

Will you accept any other role? **Y** **N** Please specify _____

Will you accept an understudy role? **Y** **N**

If necessary (you will be notified by phone) are you able to attend a callback audition on _____
? **Y** **N**

My Primary Interest is Singing 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 times you are not available:

	Mon	Tues	Wed	Thur	Fri	Sat.	Sun.
AM							
PM							

Specific dates not available: _____

Explanation: _____

Are you a team player? We need as much help backstage as onstage. Please let us know what areas interest you:

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: _____