

LUCKY STIFF

Audition Form / Grandstreet Theatre

NAME: _____

MAILING ADDRESS: _____

CITY: _____ ZIP CODE: _____

PHONE: CELL()____-_____ HOME()____-_____

E-MAIL: _____

PRONOUNS: _____

BIRTHDATE: Month_____ Day_____ Year_____

EMERGENCY CONTACT: _____ PHONE: _____

HEIGHT: _____

Do you read sheet music? _____ YES _____ NO

Are you comfortable singing harmonies? _____ YES _____ NO

Would you be willing to consider non-permanent alterations to your appearance if cast in the show, for example; shaving your face or cutting your hair? _____ YES _____ NO

If not cast in the show, would you like to volunteer backstage or run the light board? _____ YES _____ NO

Are you available for a potential callback on:

Wednesday, January 8th (evening) _____ YES _____ NO

Thursday, January 9th (evening) _____ YES _____ NO

Please list up to 4 of your most recent roles (or attach resumé):

| SHOW TITLE | ROLE |
|------------|------|
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In the space below, please list and briefly describe any major scheduling conflicts between February 10th and April 27th.

CONFLICT DATES: _____

In the space below, please list and briefly describe any recurring weekly obligations when you would be UNAVAILABLE to rehearse in the evenings. For example: “work until 6:30, arrive by 7:00” or “dance class every Tuesday night at 8:00”

| SAT | SUN | MON | TUE | WED | THU | FRI |
|-----|-----|-----|-----|-----|-----|-----|
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