

Name:		Year In School:					
Cell Phone #:	E	Email Address:					
Major:	Minor: _		Age:				
Height:	Hair Color:	Eye Color:					
If you are auditioning	g for multiple shows and are	e willing to partici	pate in more than one this semester,				
please sign here:							
Singing Voice (please	circle): Soprano Alto	Tenor Baritone	e Bass				
Please list any musica	l instruments you play and	l your skill level:					
Ž	or physical limitation you reexperience and training her	,					
Please list past acting	experience and training he	re:					

Please fill out the schedule grid below by crossing out times that you are busy each week. Rehearsals are typically 6:30-9:30pm Sun-Thurs or 7-10pm Mon-Fri. Each director decides their own schedule.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8:30-9:30		-		_			-
9:30-10:30							
10:30-11:30							
11:30-12:30							
12:30-1:30							
1:30-2:30							
2:30-3:30							
3:30-4:30							
4:30-5:30							
5:30-6:30							
6:30-7:30							
7:30-8:30							
8:30-9:30							
9:30-10:30							

If you have any conflicts during the rehearsal period please list them here including the day and what the conflict is.