

LAKESIDE LITTLE THEATRE

AUDITION FORM

Production _____ Audition Date _____

Name _____
First Last

Phone(s) _____ Email _____
Please print legibly

Are you a member of Lakeside Little Theatre? Yes No

Do you have previous theatre experience? Yes No

If yes, where and when? _____

Role(s) that you are auditioning for: (1) _____ (2) _____

Are you appearing in the current or next show? Yes No

Rehearsal availability: Mornings _____ Afternoons _____ Doesn't matter _____

Date(s) not available (including travel) or possible conflicts: _____

If you are not cast in this production, please indicate any other areas you may be interested in for this or future productions:

Set Construction _____ Set Decoration _____ Set Painting _____

Wardrobe _____ Props _____ Lights _____ Sound _____ Make-up _____

Stage Manager _____ Assistant Stage Manager _____ Producer _____

Director's Comments: