

The Sound of Music

Audition Form

Name:

Age:

Phone number:

1. Please list any theatrical experience you may have. You don't need to have any, if that happens to be the case.
2. Why are you interested in participating in The Sound of Music?
3. Would you consider playing a role of the opposite gender?
4. List any special talents you may have: juggling, stilt walking, magic, playing dead, etc, etc, etc. Do you play guitar????
5. Please list conflicts. *Attention Older ACTors (Teens): It is important you review your schedule and list all conflicts. Be honest.*
6. Are you able attend all dress rehearsals and performances: March 10-17??