

SACT

Southside Area Community Theater



AUDITION FORM

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Best Way to Contact you? _____

Role Desired:

Would you accept any role?

Previous Experience: List most recent first, include Production Name, Role and Date.

List any vocal or dance experience:

Briefly list any special skills or anything else you would like us to know:

List specific times available or any potential conflicts you foresee with rehearsals or performances: