



AUDITION FORM

SHOW: _____

*Thank you for auditioning at Cotuit Center for the Arts.
Please provide the information requested below:*

Name: _____ Vocal Range: _____

Address: _____ City, State, Zip: _____

Phone #: _____ Email Address: _____

How did you hear about our audition? _____

List any roles you are particularly interested in: _____

Are you willing to be in the ensemble? Yes No

In the event you are not cast, would you have any interest in other aspects of this production? (such as stage management, sets, light, sound, publicity, etc.) Yes No If so, what? _____

Training, education, and/or past experience: _____

Do you have any special abilities? (i.e. juggling, musical instruments, stage combat, etc.)

Please list the hours you are AVAILABLE for rehearsal:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
DAY							
EVENING							

Prior Commitments and Other Conflicts: Please list any and all date you are unavailable between now and the performance dates. (this includes other rehearsals or performances, out-of-town weddings, vacations, business trips, etc.)

I am a member of Cotuit Center for the arts.

I would like to receive membership information.