Audition Form

Please Type or Print Clearly

Year in School (Circle One): Fr So Jr Sr Gr1 Gr2  Mentor (Initials): __________

__________________________________________________________

Last Name  First Name

__________________________________________________________

Student E-mail Address

__________________________________________________________

Student Home Phone and/or Cell Phone  Height

Audition Pieces:  1. ___________________________________________

__________________________________________________________

2. _______________________________________________________

What dialects are you comfortable with?________________________________

This Box is for SENIORS ONLY

Do you have APPROVED outside professional casting?  YES  NO

If Yes, would you also like to be considered for casting in the UHSOTD season?

YES I would like to be a part of the casting pool, and have signed the play as cast form.

NO, I will only be doing the outside project this semester.

Please list the dates, theatre, show and role

Please read, sign and include the Play As Cast form with your audition form.

Considering the posted rehearsal and performance schedules for the semester productions, you
must discuss any possible conflicts at least a week before auditions with Sara Becker. (Freshmen
Make-Up class is pre-approved – list it below.) Please list any conflicts below that have been
approved by the head of performance:

__________________________________________________________

Please do not write below this line. This section for Faculty/Office use only

Audition Notes:

Audition Rating on 1-5 scale: ________________  Faculty Initials