



Dunnville Community Theatre

Audition Form

Please fill out and hand in at the time of your audition

PLEASE TELL US HOW
YOU FIRST HEARD
ABOUT THIS AUDITION:

Name _____

Address _____

City, Prov & Postal Code _____

Telephone day _____ evening _____

Email _____

Sex: M or F Character(s) you are auditioning for _____

Are you willing to accept any part the director chooses for you? _____

If you are not selected for a role you would be willing to help with (CIRCLE/ DESCRIBE):

Directing, Producing, Tech, Back stage, Set building, Costumes & Make up, usher, snack booth, _____

Experience or training

Please list productions you have been in, your part and the theatre group, and if you have theatre training (classes, workshops, etc.).

Please note anything that will regularly conflict with rehearsals (activities, classes, work, etc). It is difficult to make changes after the schedules have been set.

Directors Notes: