



Actor's Audition Sheet

The Book of Will

Name: _____

Phone: Mobile _____ Other _____

Age: ☐ Under 10 ☐ Teens ☐ 20's ☐ 30's ☐ 40's ☐ 50's ☐ 60 +

Email: _____

List any regularly scheduled days and times you are **NOT** available for rehearsal:
Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Do you have other specific dates or commitments that could interfere with the rehearsal period, e.g. work or a planned vacation?

Acting Experience: (It's okay if you don't have any. Continue on reverse if necessary.)

Other Talents: (music, dance, accents, etc.)

Is there anything you are NOT prepared to do if the part calls for it (e.g. cut hair, grow hair, colour hair, grow or remove beard?)

Are you reading for a specific part or parts?



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The director will accommodate your prior commitments as much as reasonably possible. Do you understand that a commitment must be made and all rehearsals must be attended as required by the director? ☐ Yes

If you are not cast, would you be willing to work on the show in another capacity?
Do you have a particular area of interest or expertise?

Signed _____ Date _____

Are you currently a member of Shuswap Theatre? Yes ☐ No ☐

Signature of Parent or Guardian (if under 19) _____

I give permission for production photos of me to be published for publicity.

☐ Yes ☐ No ☐ Let's talk

NOTE: Involvement in a Shuswap Theatre production requires you to become a member. Cost is \$10 per year for an adult, \$7 for students and \$25 for a family.