



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.