

AUDITION FORM: The Odd Couple

Name: _____ Birth Date: _____

Height: _____ Hair Color: _____

Primary Phone: _____ Other Phone: _____

E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Previous Stage Experience: (please list Production and Role)

Part(s) for which you'd like to be considered: _____

CONFLICTS: List below the regular conflicts that would affect your attendance at practice:

	MON	TUES	WED	THURS	FRI	SAT
Afternoon	_____	_____	_____	_____	_____	_____
Evenings	_____	_____	_____	_____	_____	_____

Are there any other conflicts the director should know about? Trips? Weddings? Etc.?

(OFFICE USE ONLY)

Vocals	1	2	3	4	5	_____
Dance	1	2	3	4	5	_____
Speaking	1	2	3	4	5	_____
Reliability	1	2	3	4	5	_____