



AUDITION FORM

AUDITION # _____

PLEASE PRINT LEGIBLY

BASIC INFORMATION:

NAME _____

ADDRESS _____
Street Address / Apartment Number / PO Box

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE _____

E-MAIL ADDRESS _____

NAME OF PARENT(S) / LEGAL GUARDIAN(S) (if under 18) _____

AGE & DATE OF BIRTH (if under 18) _____

I AM AUDITIONING FOR (Check as many as you like, but check only those roles that you would accept):

- ANY APPROPRIATE ROLE
- Mary Lennox Dream Mary Mary Chorus Colin Craven Archibald Craven Lily
- Dr. Neville Craven Martha Maids Ensemble Dickon Ben Weatherstaff Mrs. Medlock
- Rose Lennox Captain Albert Lennox Alice Lieutenant Wright Lieutenant Shaw
- Major Shelley Mrs. Shelley Major Holmes Claire Holmes Fakir Ayah
- Indian Mystic Ensemble Mrs. Winthrop Nurse Butler

Would you accept an understudy position in addition to the role(s) in which you are cast? YES NO

Are you willing to be double-cast in a role (i.e., alternating in a role with another actor)? YES NO

EXPERIENCE (Give the director's name and producing organization for no more than five productions or other stage experience. You may attach a resumé instead of completing this section *as long as it provides the necessary information.*):

Please read the following carefully and provide all necessary responses:

SCHEDULE INFORMATION

Performances of *The Secret Garden* will be July 18-21.

THE DIRECTOR OF *THE SECRET GARDEN* ASKS THAT ALL REHEARSAL CONFLICTS BE NOTED ON THE CALENDARS ON THE BACK OF THIS SHEET. Absences from rehearsal that have not been approved in advance by the director can result in dismissal from the cast. Please note on the calendars any ongoing or "one-time" conflicts that would prevent your attendance at rehearsal (please include any out-of-town trips, family events, etc.).

COSTUME INFORMATION

For reasons of hygiene, all performers *must* supply any tights or leotards that are required by their costume.

Would you be willing to supply an article of clothing (other than tights or leotards) required for your costume? (Your answer will have no effect on whether or not you are cast.) YES NO

Please sign below to indicate that you have read the above information and provided the necessary responses:

Signature of Person Auditioning or Parent/Guardian if under 18

OVER – FORM CONTINUED ON BACK

Month	Sun	Mon	Tue	Wed	Thu	Fri	Sat
March 2024						1	2
	3	4	5	6	7	8	9
	10	11	12	13	14	15	16
	17	18	19	20	21	22	23
	24	25	26	27	28	29	30
31	1	2	3	4	5	6	
April 2024	7	8	9	10	11	12	13
	14	15	16	17	18	19	20
	21	22	23	24	25	26	27
	28	29	30	1	2	3	4
May 2024	5	6	7	8	9	10	11
	12	13	14	15	16	17	18
	19	20	21	22	23	24	25
	26	27	28	29	30	31	1
	2	3	4	5	6	7	8
June 2024	9	10	11	12	13	14	15
	16	17	18	19	20	21	22
	23	24	25	26	27	28	29
	30	1	2	3	4	5	6
	7	NO CONFLICTS WILL BE ACCEPTED JULY 8 THROUGH JULY 21.					
July 2024							