

THE 39 STEPS

Audition Information Sheet

Date:___

| | | Name: | | | |
|--|--|--|-------------------------|-------|--|
| | Address: | Address: | | | |
| | City: | City: | | | |
| | State: | State: Zip: | | | |
| | Cell Phone: | | | | |
| | Can we send | Can we send you text messages there? Yes | | | |
| | Home Phone | Home Phone: | | | |
| | Work Phone | Work Phone: | | | |
| | | E-mail Address: | | | |
| | _ /// // // // // // // // // // // // / | | | | |
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| | | | | | |
| Please list productions you had free to attach it to this form. have fun and learn together! | | | | | |
| Name of Production | Role | Role Organization | | | |
| | | , and the second | | | |
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| | | | | | |
| | | | | | |
| Are you interested in audition | ning for a particular role or | roles? | | | |
| Will you accept any role offer | red to you? | □No | | | |
| What other volunteer areas | | you interested in lear | rning more about? | | |
| Set Construction | Props | | Costumes | | |
| Scenic Painting | Run Crew | | Cast Dinners | S | |
| Light Hang/Focus Light Board Operator | Stage Manageme | | Ushering Office Help | | |
| Light Board Operator | Sound Operator | | Office Help | | |
| Other (please list) | | | | | |
| Rehearsals will take place from Please list any conflicts you has | • | | • | | |
| | | | | | |
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