

SISTER ACT

Audition Information Sheet

Please Print Legibly

Date:_____

	Name:
	Address:
	City:
	State: Zip:
	Cell Phone:
	Can we send you text messages there? Yes
	Home Phone:
	Work Phone:
	E-mail Address:
	We will email casting decisions to this address.
	Age:
arn together, and create a fantastic show ame of Production	Role Organization
re you interested in auditioning for a par	rticular role or roles?
/ill you accept any role offered to you?	Yes No
/ill you accept an ensemble/chorus role?	□Yes □No
hat other volunteer areas of The Sunse	t Playhouse are you interested in learning more about?
Set Construction	Props Costumes
Scenic Painting	Run Crew Cast Dinners
Light Hang/Focus Light Board Operator	Stage Management Ushering Sound Operator Office Help
Other (please list)	
Rehearsals will take place September 4	th-October 11th, 2017, and the production is October 12th – November 5th
	th-October 11th, 2017, and the production is October 12th – November 5th that might prevent you from attending a rehearsal or performance. You m