



## Audition Information Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Day): \_\_\_\_\_ (Eve): \_\_\_\_\_ (Cell): \_\_\_\_\_

Email: \_\_\_\_\_

Height: \_\_\_\_\_ Age: (Children only) \_\_\_\_\_

Role Preference:(1) \_\_\_\_\_ (2) \_\_\_\_\_

Will you accept a lead role other than the one you for which you are auditioning?  Yes  No

Will you accept an Ensemble assignment?  Yes  No

Audition Selection: \_\_\_\_\_

Voice Classification: \_\_\_\_\_ Vocal Range: \_\_\_\_\_

Dance Experience: Style \_\_\_\_\_ Years \_\_\_\_\_

**Please attach your résumé or list your recent experience on the reverse side.**

All cast are expected to take on additional production responsibilities. Please indicate which area(s) you would like to assist with:

Costumes  Make Up  Set Building  Lighting  Rehearsal Set Up  Fund Raising

Ticket Sales  Play Bill  Publicity

**Where did you hear about these auditions?** \_\_\_\_\_

I have completed the rehearsal conflict sheet.

I have reviewed and agree to the SLOC Rehearsal and Cast Policy document

I give permission for my picture or video to be shared with the public.

Parent Consent for Minors

Signature/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**THANK YOU FOR AUDITIONING WITH THE SAVOYARD LIGHT OPERA COMPANY!**