



Carousel Audition Information Form

Name _____

Address _____

Town _____ State: _____ Zip _____

Phone (Day) _____ (Eve) _____ (Cell) _____

E-mail _____

Height: _____ Age: (Children only) _____

Role preference: _____

Audition song (Leads only): _____

Voice classification: _____ Range: _____

Dance Experience : Type _____ Years _____

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

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? _____

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

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!