



## SLOC Audition Information Form

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

E-mail \_\_\_\_\_

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

Role preference: \_\_\_\_\_

Audition song: \_\_\_\_\_

Voice classification: \_\_\_\_\_ Range: \_\_\_\_\_

Dance Experience : Type \_\_\_\_\_ Years \_\_\_\_\_

Will you accept a role other than the one 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!**