

February 3, 2025

AUDITIONING for:	Date:
Your Name: (Please Print)	
Address:	Home Phone:
<u>-</u>	Cellular:
Email:	Height:
You are comfortable portraying which age range:	☐ 10-19 ☐ 20-35 ☐ 35-45 ☐ 45-50 ☐ 50-70 ☐ >70
Please provide a parent's full name if you are und	er 16:
How did you hear about this audition?	
How would you prefer to be notified about the re	sults? Phone Call Email Text Message
Please complete Sections A plus Section B if you w	ould like to work on the Production Team too.
Section A – I am interested in being in the cast.	
I am interested in a Principal Role: Yes No	I am interested in a Minor Role: Yes No
If yes, which Part(s):	
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Do you sing?	Do you play a musical instrument? No Yes
Do you dance? No Yes	Specify:
What previous performing experience have you h	ad? (If necessary, use the back of this form.)
Cast members must be able to attend all performa	ances. Please note here if you have any conflicts that will
prevent you attending any weekday evening rehe	arsals.
☐ I would prefer that my contact details be res	stricted to the Producer, Director and Stage Manager
☐ I permit my name and picture to be used or	the SLPCT's website and social media. No I don't.
Section B – I am interested in being on the Produ	iction Team in the following areas:
Lighting Stage Crew	Sound Props
Set Construction Set Painting	Costumes Prompting
	et sales, refreshments etc.)
Other (please list)	
What previous production or crew experience have you had?	
All cast members will be required to be members	of St. Luke's Players. Yearly membership dues are \$5.