

Palestine Community Theatre, Inc.
AUDITION Form

Name: _____ Age: _____

Facebook Name or Email Add.: _____ Phone: _____

Closed Facebook groups are often made for each show to help cast members keep up with any schedule changes.

ROLE(s) for which you would like to be considered: (If you would like to work backstage, in the concession stand, or volunteer in some other capacity, please indicate that below, also.)

1. _____ 2. _____ 3. _____

Are you willing to accept another role? YES NO

Do you have DANCE training or experience? YES NO

Vocal Range: _____ Instrument(s): _____

List any EXPERIENCE you have (school plays, church or school choir or band, other PCT or community theatre productions). Continue on the back if needed:

List any OTHER SKILLS you feel may be beneficial to this production (sewing, building, artistic abilities, gymnastics, etc.):

Tell me something about yourself I do not already know . . .

To be completed at auditions: Review the provided Rehearsal Schedule before completing the following.

List *any* REHEARSAL/PERFORMANCE CONFLICTS (Dates and Reasons) of which you are currently aware.

Do not write below this line.

DIRECTOR'S NOTES