

Carrie the Musical .Audition Form

Name: _____ Age: _____

Address: _____ City: _____ Zip: _____

Main Phone: _____ Alt. Contact # _____

Email: _____

Role(s) auditioning for: _____

Are you willing to accept any role? _____ (yes/no)

*Several named roles with speaking lines and solos

We need a strong ensemble with good acting/singing skills(and a desire to die a glorious death...on stage). Are you willing to accept an ensemble role? _____ (yes/no)

Please note any conflicts below (mid-August till show opening in October)

**excessive conflicts or conflicts around tech may impact casting

Please list prior experience below (or bring resume):

*Role, approx. date of performance, organization

How did you hear about these auditions? _____

Other Pertinent information:

**For insurance purposes, all cast members will be required to complete a membership form at the start of rehearsals.

**As a non-profit organization, we rely on cast members to help acquire program ads and to advertise the show any way possible (social media, word of mouth, hanging posters, etc.), as well as participating, if possible, in any fundraisers that we may have to support the show.

Director notes (leave blank)