



THE SLEEP♥OVER AUDITION♥FORM

Full Name: _____

DOB: _____ Height: _____

What is the best phone number to reach you for callbacks or casting: _____

If you are not cast, do you prefer a phone call or an email: _____
(If we cannot reach you by phone, we will leave a voice message.)

NOTABLE PREVIOUS PERFORMANCE EXPERIENCE OR ROLES (please feel free to attach your theater resume or additional sheets)

ROLE	COMPANY	YEAR
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CONTACT INFO:

Mailing Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Do you have any physical limitations that restrict your movement or abilities? Or any medical conditions we should know about? Please specify:

What are the roles you are most interested in auditioning for? _____

Are there any roles you will not accept? If so, what are they? _____

Are you willing to cut/color your hair or change your hairstyle/beard/mustache? _____

What time are you available to be at rehearsals on weeknights? _____

AVAILABILITY:

Rehearsal Schedule is:

TABLE READS: Friday, June 14 & Sunday, August 18

REHEARSALS: September 3 - October 20 - Tuesday & Thursday evenings and Sundays midday

IN ADDITION: There will be extra rehearsals for dress/tech/run-throughs, so please also give any conflicts for dates between October 22 to November 5

While casting is partially based on availability, our hope is that cast members are able to commit to the rehearsal schedule without missing more than two rehearsals. We do not want to discourage anyone from auditioning, so if you have scheduling concerns, make note of availability issues.

Please list any conflicts to the above schedule: _____

Thank you for your interest in our production! We appreciate you sharing your talent with us, and look forward to the opportunity to work with you.