



Preferred Name:		Date:
Pronouns: Email: _		Phone:
Please list any characters you w	ould like to be conside	red for:
Please list any characters you would NOT like to be considered for:		
Please list the vocal part you normally sing, or your vocal range from to		
If you are NOT cast in the show,	would you be interested	ed in crew?
Please list recent performance e and other organizations):	experience (This may ir	nclude classes, camps, school, church,
Production	Role	Organization

Rehearsals are typically Sun-Thurs evenings 6:30-9:30p (exact start/end times to be determined once all cast conflicts have been considered). If you have any scheduling conflicts, please circle ALL conflict dates. Please provide a brief explanation of conflict(s), if possible. No conflicts? Initial: Month: Mar/April Month: April/May M Τ W TΗ S S M Т W TH F S *Denotes tech rehearsals and performances that attendance is **required** for participation. Civic Theatre is a volunteer organization. We need help in many ways and we need people with a variety of talents. Would you be willing to help with this show – or future shows – in any of the following ways? ☐ Backstage Crew Hospitality Props ■ Box Office Lighting Publicity Carpentry ☐ Hair/Makeup ☐ Sets ☐ Office Costumes Sound Electrician Painting ☐ Stage Management

Photography

☐ Ushering

Director / Staff Notes

Directing