



White Christmas
Performance Dates Oct. 31, Nov. 1, 6, 7, 8
Producer: Colette Mocolski
Director: Carol Dines
AUDITION FORM
(please complete this form and bring to audition)

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL ADDRESS: _____

ROLE(S) FOR WHICH YOU ARE AUDITIONING: _____

2-3 PRIOR THEATER EXPERIENCES:

WOULD YOU CONSIDER ANY OTHER ROLES: _____

DATE CONFLICTS BETWEEN SEPT 10 THROUGH PERFORMANCE:

I agree to follow any safety guidelines and costuming decisions set forth by directors and producer

PRINTED NAME

SIGNATURE

DATED

I agree to NOT remove my own microphone and to allow only trained microphone personnel to touch my microphone.

PRINTED NAME

SIGNATURE

DATED

All actors who perform onstage must be members of the SCT club for liability reasons. I agree to join the SCT club if offered a role in the show. If you are not offered a role in this play, would you be interested in helping in another capacity with this production? Please check any areas of interest:

___ Stage Crew

___ Costumes/Dressers

___ Lighting

___ Props

___ Set Construction

___ Set Decorating

___ Sound

___ Other