FHHS/FHMS Audition Form
Women Who Weave

Name: _____ Age:_____

Hair Color:_____ Pronouns: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone:_____ Alt. Phone: _____

Email: _____

Do you*:*

Sing?	Yes	No	Range:_____
Dance/Do Gymnastics?	Yes	No	Style: _____
Play an instrument?	Yes	No	What kind? _____

List any special skills: _____

Are you auditioning for a specific role? If so, which one: _____

Are there any roles you will NOT accept? If so, which one(s):_____

Actors may be asked to provide their own footwear for the show. Is this agreeable with you? (please circle) **YES/NO**

Rehearsals are scheduled to begin in late January. Tech rehearsals take place from March 11 – 20. The show dates are March 21-24. Show times are Thursday thru Saturday at 7:00pm, and Sundays at 2:00 pm.

****CONFLICTS NOT LISTED ON THIS SHEET OR CALENDAR WILL NOT BE HONORED****

Please list ANY and ALL ACTUAL and/or POTENTIAL conflicts. Use the accompanying calendar to mark specific dates and times of ALL conflicts. Only conflicts marked on the calendar will be honored.

_____

_____

PLEASE NOTE: Unless otherwise stated by the director, cast selection should be made within one week (seven days) of the audition date.

DO NOT WRITE BELOW THIS LINE

Director's Notes: _____

_____

_____

_____

_____

Casting:

	Role(s)	Accepted Role	Declined Role	Left Message/ Call Back
⛀ Yes _____ ⛀ No Available ⛀ Unavailable ⛀ Left Message ⛀ Notes:				