



AUDITION FORM: **A View from the Bridge**

NAME: _____ Nickname: _____

ADDRESS: _____

Please put a checkmark next to your preferred mode of contact:

Phone #: _____ Email: _____

ROLE(S) FOR WHICH YOU ARE AUDITIONING: _____

WOULD YOU ACCEPT ANOTHER ROLE IF OFFERED? _____

WOULD YOU BE WILLING TO ASSIST OFF-STAGE? (Please indicate in which capacity, e.g., costumes, props, stage crew, etc.) _____

EXPERIENCE (please list the 3 most recent or attach resume):

Role	Company	Date

The final rehearsal schedule will be published once all cast/crew member conflicts are known.

PLEASE LIST ANY SCHEDULING CONFLICTS ON THE CALENDAR ON THE REVERSE OF THIS FORM

DIRECTOR NOTES:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
August 25	26 Audition	27 Audition	28	29	30	31
September 1	2	3	4	5	6	7
8 Tech	9 Week	10 For	11 Nonsense	12 II	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	October 1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	November 1	2
3	4	5	6	7	8	9
10 Tech Week	11 Tech Week	12 Tech Week	13 Tech Week	14 Tech Week	15 Show 8:00PM	16 Show 8:00 PM
17 Show 3:00 PM	18	19	20	21	22 Show 8:00 PM	23 Show 8:00 PM
24 Show 3:00 PM						