



## SCCT AUDITION FORM



"WORKING"

June 19, 20, 26, 27, 28, 2020

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Role(s) auditioning for: \_\_\_\_\_

Will you accept another role? Yes \_\_\_\_\_ No \_\_\_\_\_

2-3 Theater Experiences (Show/Role/Theatre):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Conflicts: \_\_\_\_\_

### *Costume Agreement*

I understand that the costumer/directors will make all costuming decisions for this show.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date