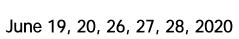


SCCT AUDITION FORM

"WORKING"





Name:		
Address:		
Phone (Home)	Cell:	
Email Address:		
Weight:	Height:	
Role(s) auditioning f	or:	
Will you accept anot	her role? Yes	No
2-3 Theater Experie	nces (Show/Role/Theatre):	
Date Conflicts:		
	~	
	Costume Agreemen	t
I understand that the cos	tumer/directors will make all cos	tuming decisions for this show.
Printed Name	Signature	 Date