



LITTLE WOMEN

Audition # _____

Name _____

Address1: _____

Address2: _____

Phone: _____

Email: _____

Please list the characters you are auditioning for in order of interest:

1. _____ 2. _____ 3. _____

Are you willing to accept another role? Yes No

Are you willing to...:

Shave, or cut, perm, or dye your hair? Yes No

Wear a wig? Yes No

Do you play piano? Yes No

Other Skills (movement/dance, dialects, musical instruments, etc)

Do you have any physical limitations? _____

List your singing, music or other theatre experience, or attach your resume.

**If you are not cast, are you willing to work in other aspects of the production?
If yes, circle area(s) of interest**

Props Set Construction Scenic Painting Sewing/Costumes

Lights Sound Makeup/Hair Other: _____

Please list on the back of this form all schedule conflicts between now and **July 28, 2019**. This list should include both one-time and on-going conflicts (Sundays, 1:00 – 4:00, Mondays, 7:00 – 9:00, and Thursdays, 7:00 – 9:00).

PLEASE NOTE: All cast members must be available July 14-21 & 25-28.