

Arsenic & Old Lace Audition Form

PRODUCTION DATES: January 4-20
Thursdays through Saturdays at 8:00 PM; Sundays at 3:00 PM

NAME: _____

PARENT/GUARDIAN SIGNATURE (*if under 18*): _____

ADDRESS: _____

PHONE (primary): _____ PHONE (other): _____

E-MAIL: _____ AGE: _____ HEIGHT: _____

List 5 of your most recent stage experiences, if any, or attach your theatrical resume.

Production	Theatre	Role	When
1.			
2.			
3.			
4.			
5.			

Please list the names of any family members that are auditioning for this show: _____

Does everyone in the family have to be cast in order for others to accept a role? YES or NO

Is there anything you would like the director to know that is not included on this form?

Role Availability

1. I am willing to accept any role: YES or NO (*please circle one*)

2. If you answered “no” to question 1, please list which roles you are willing to accept:

_____.

3. Are you willing to be double cast? YES or NO (*please circle one*).

Please list below times that you **ARE NOT** available below including weekday evenings, Saturdays (mornings, afternoons and evenings) and Sundays after 1:30 PM. Place an X on dates you are completely not available. Provide specifics as possible. **If any conflicts are negotiable, please note as such.**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Sept 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
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	December 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 CHRISTMAS	26	27	28	29
30	31 NEW YEAR'S EVE	January 1 NEW YEAR'S DAY	2	3	4 SHOW 8PM	5 SHOW 8PM
6 SHOW 3PM	7	8	9	10 SHOW 8PM	11 SHOW 8PM	12 SHOW 8PM
13 SHOW 3PM	14	15	16	17 SHOW 8PM	18 SHOW 8PM	19 SHOW 8PM
20 SHOW 3PM						