Audition Number:	

Moon Over Buffalo Audition Form
PRODUCTION DATES: Jan. 19-28, 2024 (see calendar below for details)
Thursdays to Saturdays at 7:30 PM; Sundays at 3:00 PM

NAME:							
PARENT/GUARDIAN NAME	/SIGNATURE (under 1	8):					
ADDRESS:							
PHONE (primary):	P	PHONE (cell):					
E-MAIL:	A	AGE/GRADE: HEIGHT:					
Theatrical Training:							
T: . 5 C							
•	List 5 of your most recent stage experiences, if any, or attach your theatrical resume.						
Production 1.	Theatre	Role	When				
2.							
3.							
4.							
5.							
Please list the names of any fan	nily members that are aud	ditioning for this show	w:				
Does everyone in the family har	ve to be cast for others to	accept a role? YES	or NO				
Is there anything you would like	e the director to know th	at is not included on t	this form?				
Availability: 1. I am willing to accept any ro 2. If you answered "no" to que	ole: YES or NO (please o	circle one)					

NAME:	Audition
Please list times that you ARE NOT available. Place an X on dates you are completely unavailable.	Number:

List conflicts on weekdays starting at 7:15 PM; Saturdays (anytime) and Sundays after 2 PM.

Significant conflicts after January 2 may prevent you from being cast. We do intend to take time off for Thanksgiving and Christmas. If conflicts are negotiable, please note. September dates listed are to determine the best time for callbacks.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
September 10	11	12	13	14	15	16
17	18	19	20	21	22	23
	October 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	26	27	28	29	30
31	January 1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19 7:30 PM show	20 7:30 PM show
21 3:00 PM show	22	23	24	25 7:30 PM show	26 7:30 PM show	27 7:30 PM show
28 3:00 PM show						