## Lewiston Civic Theatre Audition Form

Show	Number	Date		
	equired above and beyond the rehe			
painting, costuming and EUI. You	r required additional contribution to	this production wi	ill be about	hours.
Name:				
Gender: M 🗆 F 🗖 Height:	Birthday:	Age	2:	_
Address:				
City:	State:	Zip Code:		
Phone Numbers (Check the numbe	er that is best to reach you with.)			
Home:	Cell:	Wark:		
E-Mail:				
Role(s) you would like to read for:				
Role(s) you will not accept:				
Please note any special skills, i.e.	singing, dance, juggle, etc.			
If not cast would you be willing to	work on set construction, painting,	backstage crew, liç	ghting, costumin	g, etc.? YES 🗖 NO 🗖
Sign			_ (Parent or Gu	ardian if not 18 years old)
FOR LEWIS	TON CIVIC THEATRE USE ONLY – F	PLEASE DO NOT WE	RITE IN THIS SP	<u>ACE</u>
Reading Notes:				
W I				
Dance				
Yes				
No				

Theatre Experie	ence:									
In the following space please indicate your normal weekly schedule where you will <u>not</u> be available for rehearsal. Indicate the times you are <u>not</u> available by writing in the time and then a line to where you become available.										
Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday			
8:00 AM										
9:00 AM										
10:00 AM										
11:00 AM										
12:00 PM										
1:00 PM										
2:00 PM										
3:00 PM										
4:00 PM										
5:00 PM										
6:00 PM										
7:00 PM										
8:00 PM										
9:00 PM										
10:00 PM										
Date and times	not available fo	or rehearsal oth	er than listed abov	e (for example, v	vacation, app	ointments, etc)				