AUDITION INFORMATION FORM
THE ODD COUPLE (female version)

NAME_____ PHONE_____
HOME CELL

ADDRESS_____
STREET CITY ZIPCODE

ROLE YOU ARE INTERESTED IN_____

WOULD YOU ACCEPT ANOTHER ROLE? YES/NO EMAIL_____
WOULD YOU BE WILLING TO CUT/COLOR YOUR HAIR? YES/NO
IF YOU ARE NOT CAST, ARE YOU WILLING TO BE PART OF THE TECHNICAL CREW?
(Please check any that apply.)

_____ Backstage _____Set construction
_____ Lights/sound _____Props

PREVIOUS ACTING/SINGING EXPERIENCE_____

_____

_____

_____

_____

_____

IS THERE ANYTHING ELSE YOU WOULD LIKE THE DIRECTOR TO KNOW?_____

_____

_____

_____

_____

PLEASE CIRCLE ANY DATES ON THE TENTATIVE REHEARSAL SCHEDULE WHEN YOU ARE UNAVAILABLE. REHEARSAL AND PERFORMANCE DATES ARE IN **BOLD FACE**.

AUGUST

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**				

SEPTEMBER

			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	

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						