

Open Audition Form Information Sheet - ADULT

Audition Number: (Assigned upon arrival)

Head Over Heels

Performance Dates: April 26, 27, May 3, 4 at 7:30pm + April 28, May 5 at 2pm

Name/Pronouns	103. April 20, 27	, Iviay 3, 4 at 7.3	ориі + Аргіі 20 <u>,</u>	ividy 5 at 2pm		
Address						
Phone (home)			Phone			
riione (nome)			(cell)			
Email			,			
Height		Weight		Hair Color		
Eyes		Voice Part (S/A/T/B)		Date of Birth		
Are you auditioning	ng for		•	·		
□ le	ading role □	supporting role	e □ ensembl	e		
Are you auditioning for a specific role? If so, please specify:						
Would you be interested in taking a different role if offered? □ yes □ no						
would you be inte	erested in taking	g a different role	if offered?	□ yes □ no		
Brief Stage Histor	y (start with mo	st recent)				
Show Title	Role	Played	Year	Producing Organizatio	n	
Special skills (i.e., tumbling, juggling						
If not cast, would		ed in helping wit	h:			
□ set constru	iction? 🗆 lig	hting? □ sou	und? 🗆 ward	drobe? □ ushering	?	
How did you hear about these auditions?						
What was the last House?	show you atter	nded at the Oper	ra Ta			

Sign up for the Waterville Opera House e-newsletter to receive future audition notices.

Please let us know any conflicts you may have (vacations, prior engagements, etc). (Include any standing conflicts such as: "Works Mondays," "Get out of work at 6:30 daily," etc.) We do our best to work around conflicts, but can make no promises.					