

Destination Theatre Company
Audition Form



Name: _____ Age: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Church you attend: _____

Are you willing to accept any part you are offered? Yes No
(See Character Descriptions)

If no, please specify: _____

List any friends or family members who are also auditioning.

If your friend or family member listed above is not cast, will you still accept a role? Yes No

Please list any previous theatre or performance experience you have had.

List any schedule conflicts that you know now. For classes, include days, dates and times:
Date Reason for conflict

By signing below, I do agree to abide by the "Rehearsal Procedures" document available from the director and in good faith have filled out all the forms as completely and truthfully as possible.

Signature

Date