



P.O. Box 743  
Sidney, Ohio 45365-0743

www.sockbuskin.org

# AUDITION FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Email address \_\_\_\_\_

*I hereby give permission to S&B to use my name and/or picture for publicity purposes*

*(Parents or auditioner) Signature* \_\_\_\_\_

*Parents names if under 18:* \_\_\_\_\_

Age	

## Voice Part (check one)

Soprano ☐

Alto ☐

Tenor ☐

Baritone ☐

Bass ☐

**Special Skills:** (dance, accents, stage combat, etc.)

Is there a particular role in which you are interested? If so, which one? \_\_\_\_\_  
Will you accept any role? ☐ Yes ☐ No

If not cast in this show, would you be interested in working on the show in some other capacity? If so, mark all that apply.

- ☐ Backstage crew    ☐ Set Construction    ☐ Lighting    ☐ House Manager    ☐ Sound    ☐ Publicity  
☐ Props    ☐ Costumes    ☐ Usher    ☐ Assistant Director    ☐ Other

List prior theatre experience (use back of form if necessary)

Show	Year	Role	Company

List any possible schedule conflicts.