



Sistas: The Musical
“Written By Dorothy Marcic”
Audition Form

Date: _____

Name: _____

Age: _____ Height: _____ Weight: _____

Gender: _____

Cell Phone: _____ Email: _____

Address: _____

Parent/Guardian Name(s) If under 18: _____

Voice Type: (Soprano, Mezzo, Alto, Tenor, Baritone, Bass, Unknown) _____

How did you learn of this audition: (newspaper/radio/website/flyer/friend, etc.):

Previous theatre experience:

Special skills or Talents (dancing, singing, musical instrument, etc.):

List any parts/roles you are interested in (or just write “any”) _____

Will you take any role if you do not get the role you are interested in? _____

Please list/attach any conflicts you may have between now and final performance date and how flexible they are (vacations, work, etc.). Rehearsals will be Monday, Tuesday and Friday evenings and Saturday Morning, Sunday afternoons (until tech week).