

Signature

THE HISTORIC COCOA VILLAGE PLAYHOUSE 34 Seasons of "Broadway on Brevard" AUDITION APPLICATION

SISTER ACT



Name (Last)	(First)	Current Age	Height	Weight	Employment / Schooling
Telephone (Day)	(Cell)		Email Address (Print Clearly)		
Address	City	7	State	Zip	
Check here if you	are a "Gold Star Performer" (Your	name is on a plaque in the	lobby for cons	ecutive shows	as a volunteer performer)
List specific role(s) desired:				
Will you accept ar	ny role? Yes No (Circle	e One) Will you acce	pt being dou	ble cast? Ye	es No (Circle One)
Will you accept bein	ng an understudy? Yes No	(Circle One) Will you	u accept bein	g a swing?	Yes No (Circle One)
Do you have:	Vocal Training? Yes No (Circle One)			
	Dramatic Training? Yes	Via (Cinala Ona)	_		
	Dance Training? Yes No		nd how long		
	C	List where a	and how long		
	s are committed to working with you he key to the success of this, is to p				nat the product of our
 Are you preser 	ntly cast in another production	n? If y	res, where ar	nd what are t	he performance and
rehearsal dates					
	oning for another production			023	If yes, where and
what are the pe	erformance dates?				
• •	tial conflict dates between no tonal space, you may write addition			you will NO	T be available:
• Previous perfo	rming arts experience (attach	resume if available):			
• Any health or o	emotional conditions of whic	h the Director needs to	be aware?		
Additional info	ormation you would like the I	Director to know:			
may be obtained in ad performances. Due to t	ee that if I am cast, it is my respond wance from the Directors. It is also the evolving nature of certain illnesses, must be event of an outbreak of illness, by sign the spread illnesses.	so my responsibility to lear asks may be required for all pe	rn the materia l rformers during t	l and be prepar the rehearsal proc	ed for rehearsals and ess and backstage for

Telephone (Print Clearly)

Email Address

Date