



Sister Act - Broadway at the Gardens

Audition # _____
Staff use only

NAME _____

Street Address _____

City _____ Zip _____

Contact Numbers (Cell/Text) _____ (Alt) _____

E-mail _____
Please print clearly!

Age Range: _____ Vocal Range: _____ Dance Training: _____

Are you available for callbacks 1/15 in the evening? _____

Role(s) interested in?: _____ Will you accept any role? (Y/N); _____

Interested in Ensemble?: _____

IMPORTANT: Please List ALL conflicts with the rehearsal schedule.
We may not be able to honor conflicts not indicated at this time.

| Date/Time | Reason (optional) |
|-----------|-------------------|
| | |

How did you hear about auditions? _____

Please sign below to complete your audition application and for acknowledgement of conflicts.

Signature _____

Date _____

Directors Notes: