
Theatre of the Republic Audition Form

Audition Song:

Nine

Name _____
(PLEASE PRINT)

Address _____

City _____ Zip Code _____

Age _____ Telephone Number Home () _____ - _____

Work () _____ - _____

Vocal Range _____ Cell () _____ - _____

E-Mail Address _____

*Any information concerning rehearsal changes, dates, times, etc. will be emailed.

Role you are auditioning for _____

Will you accept any role? _____ (Must Answer)

Will you work backstage? _____

Stage Experience (Attach Resume if available): _____

Dance Experience: _____

Please list ALL dates you will NOT be available for Rehearsal: (Please fill out and be honest) _____

Show Dates Are:

Aug 18 -21, 25-28 & Sept 3-4 at 8:00 and Aug 22, 29 & Sept 5 at 3:00

Please do not audition if you are not available for all performances.