
Theatre of the Republic
Audition Form

Audition Song:

Promises, Promises

Name _____
(PLEASE PRINT)

Address _____

City _____ Zip Code _____

Age _____ Telephone Number Home () _____ - _____

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 April 13-15, 18-22, 25-29

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

The participant agrees to indemnify and hold harmless Theatre of the Republic from and against any and all loss and expense by reason of liability imposed by law upon Theatre of the Republic arising out of or as consequence of the performance of either party.

Signature _____ Date _____