

“The Play That Goes WRONG”

GATEWAY AUDITION FORM

NUMBER _____

NAME _____ Pronouns _____

PHONE _____ Height _____

EMAIL _____ Waist _____ Inseam _____
Shirt size _____

PARENT CONTACT _____ (If under 18 years of age)

Phone # _____

Email _____

DO YOU LIVE WITHIN THE KEWASKUM SCHOOL DISTRICT (Yes___ No___)

Portions of West Bend, Barton and Campbellsport, fall within our district. If you are unsure, please ask one of us.

List the last three roles you have played on stage

Desired role or roles _____

Will you accept any role (Yes___ No___)

(We reserve the right to offer any role to any actor of any gender.)

Our rehearsals are Monday through Thursday, September, 8th to October 29th.

5pm- 9pm. Please understand a scene schedule with specific actors will be provided on First day of rehearsal at read through which is mandatory.

With performances on Oct 30, 31, Nov.1st and Nov. 6, 7, 8 With a pickup rehearsal on Nov. 5th.

Please list any conflicts with this schedule on the reverse side of this form.

Where did you hear about this audition _____

Do you have family or friends that would like to help with this production? Please list on reverse side.