



**Soda City Theatre
Company**

AUDITION FORM - SECOND SAMUEL

Actor Name: _____

Address: _____

Email Address: _____

Phone Number: _____ Age: _____ Height: _____

Role Preference:

1) _____

2) _____

3) _____

Is there any role(s) you will not accept? If so, please list: _____

What conflicts do you have with the rehearsal schedule?

(Late August -mid November)

Please list previous Theatre experience: (Use back of form if necessary)
