



**Soda City Theatre  
Company**

## AUDITION FORM - WITNESS FOR THE PROSECUTION

Actor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Hair Color: \_\_\_\_\_ 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?

(March thru Middle of May, 2026)

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

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