



CABARET AUDITION FORM

Name of Cabaret: _____

Performance Dates: _____

Audition Date(s): _____

Name: _____

Type of Performance Type (Singing, Dance, etc): _____

Address: _____
Street City State Zip Code

Home Ph#: () _____ **Cell Ph#:** () _____ **Email:** _____

Age _____ **Voice Part/Range (if known/as applicable)** _____

If under 18, please provide parent/guardian contact information: **Name:** _____ **Cell Ph#:** _____
Email: _____

I give Spotliters permission to take my photo/include me in video as a part of this production process, for audition and publicity purposes. By initialing this form, I waive my rights to these photos/videos, and authorize Spotliters to use them as appropriate. _____

How did you find out about Spotliters/this production? _____

Please list the song you would like to perform, also please list any alternative song you like:

<i>To be completed by Director/production staff</i> SONG: _____		<i>To be completed by Director/production staff</i> READING: _____
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Production Staff comments:

