

# Cohasset Dramatic Club Audition Form



**Attach  
Small  
Headshot  
Here**

*(or attach with  
resume on back)*

Show Title \_\_\_\_\_ Audition Date \_\_\_\_\_

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Role Preferred \_\_\_\_\_ Will you accept another? \_\_\_\_\_

Have you  read  seen  performed the play before? What role? \_\_\_\_\_

How did you hear about auditions  Email  NETheater 411  Stagesource  CDC Web Site  Newspaper (name): \_\_\_\_\_

Facebook  NEED

Please check off areas of experience (exp) or interest:

	Exp.	Interest		Exp.	Interest		Exp.	Interest
Set Design	<input type="checkbox"/>	<input type="checkbox"/>	Set Painting	<input type="checkbox"/>	<input type="checkbox"/>	Scenic Painting	<input type="checkbox"/>	<input type="checkbox"/>
Set Construction	<input type="checkbox"/>	<input type="checkbox"/>	Program Layout	<input type="checkbox"/>	<input type="checkbox"/>	Set Dressing	<input type="checkbox"/>	<input type="checkbox"/>
Light Design	<input type="checkbox"/>	<input type="checkbox"/>	Publicity	<input type="checkbox"/>	<input type="checkbox"/>	Other:		
Costume Coord	<input type="checkbox"/>	<input type="checkbox"/>	Graphic Design	<input type="checkbox"/>	<input type="checkbox"/>	_____		
Sound	<input type="checkbox"/>	<input type="checkbox"/>	Photography	<input type="checkbox"/>	<input type="checkbox"/>	_____		

Please list below any commitments (vacation, business travel, family events, etc.) between now and the show performance dates.

\_\_\_\_\_  
\_\_\_\_\_

Are you participating in any other shows during this period and, if yes, when? NO  YES  \_\_\_\_\_

Please mark an "X" below in the times/days you **CANNOT** rehearse. If there are special circumstances ("only after 7 p.m." or "available every other week") please write that in.

Sunday afternoon _____	Sunday evening _____	Monday Evening _____
Tuesday evening _____	Wednesday evening _____	Thursday evening _____
	Friday evening _____	

*If you are cast and accept a role in this show, you must complete the registration process which is described on our website at [www.cohassetdramaticclub.org](http://www.cohassetdramaticclub.org). Registration payments must be received by the end of the second week of rehearsals*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If you are filling out this form online, save the form then bring to auditions with you.**

