Cohasset Dramatic Club Audition Form



Show Title	Audition	Date	Attach
Name	E-mail	Small	
Home Phone	Mobile Phon	e	Headshot Here
Address			(or attach with
City	State	Zip	resume on back)
Role Preferred	Will you acc	cept another?	
Have you ☐ read ☐ seen	performed in this show before?	What role?	
How did you hear about auditi	ions 🗌 Email 🔲 NETheater 411 🔲 S	Stagesource	e 🗌 Newspaper
(name): Facebook	☐ ArtsBoston		
Exp. Interest Set Design	f experience (exp) or interest: est Exp. Interest: Set Painting	family events, etc.) between	now and the show
	he times/days you CANNOT rehearse. le every other week") please write that	·	ances
(only after 7 p.m. of availab	ie every other week) piease write that	111.	
Sunday afternoon	Sunday evening	Monday Evening	
Tuesday evening	Wednesday evening	Thursday evening	
Friday evening			
Signature:		Date:	

If you are filling out this form online, print and bring it to auditions with you.

Name:		Role(s) Auditioning for:					
List your performing experience	below or attach resum	e					
Show		Group	Location	Approx Date/Year			
Formal Training							
Acting:							
Dance:							
Voice:							
Other special talents?							
Other special talents:							
	(F	Please do not write below t	this space)				
Duadination Toom notes:							
Production Team notes:							
							