

PUPPETS

Date _____

Audition Form

Last Name

First Name

Union

Audition number

Address _____

Production _____

City _____

Role _____

State _____

Interested in ensemble YES NO

Zip code _____

Do you sing? YES moderate NO

Permanent Phone _____

Do you Dance? YES moderate NO

Cell phone _____

Weight _____ age _____

Email _____

Height _____

Hair _____

Eyes _____

Availability Please only mark time conflicts

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
10am							
12am							
2pm							
4pm							
6pm							
8pm							
10pm							