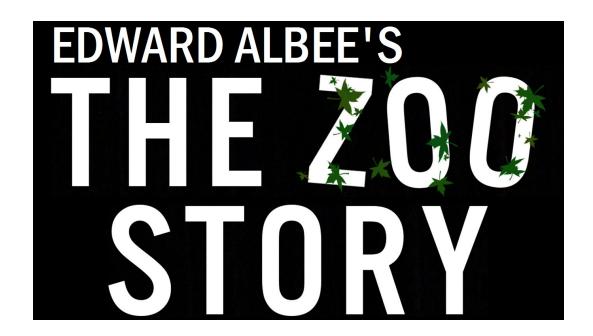


Audition Sheet

PSM: Jessica Choi; ASM: Lana Roff

Personal Information

First Name: Last Name:	
Email Address:	
Phone number:	
Male □ Female □	
Age: Height: Weight:	
Hair Color: Eye Color:	
Emergency Contact Name:	_
Emergency Contact Relationship:	
Emergency Contact Phone:	_
General Information	
For which role(s) are you auditioning:	
Will you accept a role for which you didn't audition?: Yes □	No □



Conflict Calendar (Please mark only when NOT available)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
10:00-12:00							
12:00-2:00							
2:00-4:00							
4:00-6:00							
6:00-8:00							
8:00-10:00							