

**THE POSTMAN
AUDITION INFORMATION SHEET**

General Audition Form

Date _____

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 Mover No

Cell phone _____

Weight _____ Age _____

Email _____

Height _____ Hair _____

Eyes _____

Available Please only mark time conflicts

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