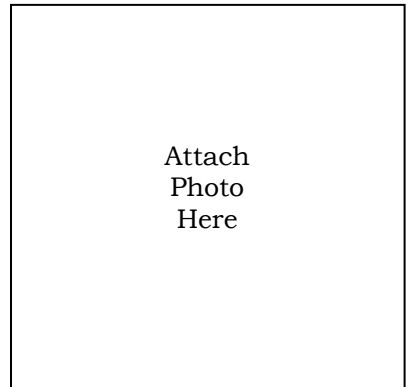


Audition Number: \_\_\_\_\_

Swamp Meadow Community Theatre

# 25th Annual Putnam County Spelling Bee

## Audition Sheet



NAME \_\_\_\_\_

AGE \_\_\_\_\_ HEIGHT \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE: (H) \_\_\_\_\_ (C) \_\_\_\_\_

E-MAIL \_\_\_\_\_ PARENT'S EMAIL (IF UNDER 18) \_\_\_\_\_

DESIRED ROLE(S): Please indicate your choices below

1<sup>ST</sup> \_\_\_\_\_ 2<sup>ND</sup> \_\_\_\_\_ 3<sup>RD</sup> \_\_\_\_\_

Would you accept another role if offered? Yes \_\_\_\_\_ No \_\_\_\_\_

Acting Experience (indicate shows, roles, theater)

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

**PARENTS:** Pictures of the cast and crew are submitted to our web site. We will not post pictures of your child(ren) without your written permission. Sign below if you consent to the following statement: "Yes I give SMCT permission to use my child's pictures for publicity."

Signature \_\_\_\_\_

**AVAILABILITY:** If you become a member of the cast, attendance at **rehearsals will be Tue Weds Thurs 6PM to 9PM.**

**Performance's are Apr 26, 27, 28 - May 3, 4, 5 2019.** If any of these dates present a conflict, indicate them below.

\_\_\_\_\_