

“These Shining Lives” Audition Form - Please circle your primary interest: CAST CREW

Name: _____ Year in School: FR SO JR SR

E-mail Address (PRINT LEGIBLY!!): _____

Cell Phone Number: _____ Can you text from this phone? Yes No

Home Phone Number: _____

Parents Name(s): _____

Parents Phone Number(s): _____

Parents E-mail Address(es): _____

Locker Number: _____

Are you on Facebook? Yes No

Please consider me for the following role(s): _____

Can you rehearse during 7th Hour (You have early release)? Yes No

Can you rehearse after school – 3:30 to 5:30? Yes No

If not cast in the show, would you consider working on the Tech Crew? Circle any area you would be interested in: Student Director Stage Manager Stage Crew Lighting Sound Set Construction Set Decoration Publicity Box Office Production Secretary Program Design Props Costumes Make-up and Hair Ushering Publicity

Please list all other activities that you will be participating in during Aug-Oct and your best guess to their practice times (ie: Madrigals on Mondays 6-8 PM, Swimming every day from 3:30 to 5:00, Work only on weekends...)
