

*PROTEGE BLACKBOX WORKSHOP -Audition Form*

NAME: \_\_\_\_\_ Date: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

Where did you hear about this audition? \_\_\_\_\_

**WHICH ROLE(S) ARE YOU AUDITIONING FOR :**      **AGE: \_\_\_\_\_ (If under 18)**

-  
-

WOULD YOU ACCEPT OTHER ROLES, INCLUDING ENSEMBLE? YES NO  
(Once a role is accepted Fees are Due. NO REFUNDS)

**PLEASE INDICATE ANY THEATER EXPERIENCE AND YOUR MOST RECENT ROLES:**

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

**AVAILABILITY (PLEASE READ CAREFULLY!!)**

A very large part of our casting decision is based on availability. PLEASE be completely honest with the following questions. If cast, you will be expected to adhere to the availability you've provided.

**REHEARSAL AVAILABILITY**

Please look at attached schedule and list any and all conflicts.

THERE ARE NO EXCUSED EXCEPT THOSE LISTED BELOW.

**CONFLICTS :**

**DATE &  
REASON:**

\_\_\_\_\_

**DATE&REASON:**

\_\_\_\_\_

**DATE&REASON:**

Please sign below, indicating that all of the information provided on this form is true and correct.

Performer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

(If participant under 18)