Audition #

GCT Audition Form y: Sherwood,the Adventures of Robin Hood

Photo Here

Name:		Age:			
Hair Color:	Eye Color:_	Eye Color:			
Address:					
City:		Ziţ	o:		
Phone:					
Email:				,	
Do you:					
Sing? Yes No Dance/Do Gymnastics? Yes No				ll l	
Dance/Do Gymnastics? Yes No Play an instrument? Yes No					
·					
List any special skills:					
Are you auditioning for a specific role? If so, which one:					
Are there any roles you will NOT accept? If so, which one(s):					
Actors may be asked to provide their own footwear for the show. Is this agreeable with you? (please circle) YES/NO					
are July 23-Aug 1, 2021. Show times are Fridays and Saturdays at 8:00pm, and Saturdays and Sundays at 2:30pm. There will be an additional sponsor performance on a Thursday during the run. **CONFLICTS NOT LISTED ON THIS SHEET OR CALENDAR WILL NOT BE HONORED**					
Please list ANY and ALL ACTUAL and/or POTENTIAL conflicts. Use accompanying calendar to mark specific dates and times of ALL conflicts. Only conflicts marked on calendar will be honored.					
Please provide a brief summary of the last four roles you've portrayed (or attach your resume).					
PLEASE NOTE: Unless otherwise stated by the director, cast selection should be made within one week (seven days) of the last audition date.					
DO NOT WRITE BELOW THIS LINE Director's Notes:					
Called Back? Time: Casting:					
☐ Yes ☐ No Available ☐ Unavailable ☐ Left Message ☐	Role(s)	Accepted <u>Role</u>	Declined <u>Role</u>	Left Message/ <u>Call Back</u>	
Notes:					