

Audition #

GCT Audition Form
Show: *Godspell* (2012)

**Attach
Photo
& Resume**

Name: _____ Pronouns: _____

Hair Color: _____ Height: _____ Date of Birth: ____/____/____ Age: _____

Address: _____ Reliable Transportation? YES / NO

City: _____ State: _____ Zip: _____ Allergies: _____

Phone: _____ Alt. Phone: _____

Email: _____

Do you:

Sing? YES / NO Range: _____

Dance/Do Gymnastics? YES / NO Style(s): _____

Play an instrument? YES / NO What kind? _____

List any special skills: _____

Are you auditioning for a specific role? If so, which one(s): _____

Are there any roles you will NOT accept? If so, which one(s): _____

Actors may be asked to provide their own footwear & under garments for the show. Is this agreeable with you? YES / NO

Rehearsals will begin as early as January 5th, 2026. Availability of cast is considered in scheduling.
Show times are Fri. & Sat. 7:30pm and Sun. at 2:30pm. Potential Thursday evenings for sponsors.

****CONFLICTS NOT LISTED ON THIS SHEET OR CALENDAR WILL NOT BE HONORED****

Please list ALL ACTUAL and/or POTENTIAL conflicts from Jan. 5th through the run of the show (Feb. 27th – Mar. 15th, 2026)

Please provide a brief summary of recent 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. Regrets will, at minimum, be emailed.

DO NOT WRITE BELOW THIS LINE

Director's Notes: