

The Little Theatre of Watertown
Audition Sheet

Show:		Audition Date:	
Name:			
Address:			
Email:		Phone:	
What ages do you think you can play?			
Part(s) trying out for (if known)			
If not cast in preferred role will you play another role?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Experience or other pertinent info:			
Days/times that you would <u>not</u> be available for rehearsals:			
If you do not get a part would you like to help out with sets or behind scene?			<input type="checkbox"/> Yes <input type="checkbox"/> No
How did you hear about this audition?			
Notes:			