Audition Form- Cabaret



ivaille.				_
Address:				_
Email:			Future Notifications:	Y /N
Best available phone #:			Do you receive text:	Y/N
Age:	M/F	Height:	Weight:	
Vocal Range	:	Can you read music? Y / N	Grow facial hair? Y/N	
If cast, are you willing to alt	er hairstyle and / or fa	icial hair? Y / N		
Desired Role?			Accept any role	e? Y/N
Special Skills (musical instr	ument, tumbling, jugg	ling, arial dance, etc.):		
		N INFORMATION PROVIDED AND CTS MAY PROHIBIT YOU FROM BI		-
CONFLICTS:				
CONFLICTS:				
CONFLICTS:				
 As a condition to my partici	pation in the above	program conducted or sponsore	ed by the City of Selma/ Selm	
As a condition to my partici Council, I understand and a not be liable for any loss, da	pation in the above paree to the following mage, injury or liabi	program conducted or sponsore g: That the City/ Arts Council, its ility of any kind to any person ca	ed by the City of Selma/ Selm officers, employees, and age aused or arising from acts, or	nts shall nissions or
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Performance Background (Back Page)

Please list previous theater and dance experience (if any) starting with most recent

Year	Show	Company	Notes
	PLEASE	DO NOT WRITE BELOW THIS LINE-	
CALLBACK: Y Notes:	/ N Role(s):		