Little Women AUDITION FORM GEORGETOWN GLOBE PRODUCTIONS

Name:	Phone:(home/work/cell)			
Age: (if under 18)	Height:	Email:		
Address:				
Are you currently a memb	per in good standi	ng of Georgetowr	Globe Productions?	☐ Yes ☐ No
Previous Roles/Experience	ce: (Please indica	ate approximate d	ate)	
-				
Vocal Range (SATB):	Vocal Trai	ining 🗆 No 🗅	Yes - Please indicate #	e of years
Dance Experience (Pleas	se specify i.e., tap)		
Special Skills (i.e., jugglin	ng, playing the bar	njo, saw, spoons e	etc.)	
I am aware that I will be r I understand that rehears committing to attend all re may be asked to leave th	n which you are in construction required on move- cals are held on M chearsals and that e show.	nterested: Set Painting in day, and tear-d onday, Wednesda t if I miss more that	☐ Costumes own evening. ay and Sunday evening an 3 rehearsals (outside	□ Publicity
Performance dates will be that I am committing to the			m and June 7 and 14,	2020 at 2pm I understand
I,accident claim that may a	, agree to fulfill my commitments to the above to the best of my ability. I, indemnify and save harmless Georgetown Globe Productions of any ay arise as a result of my participation in the production listed above.			
I agree to become a mem cast of the production, an				ul in being selected for the 2019.
Signed:	10 to size this form at	Da	te:	