

ECP Audition Form: *Moon Over Buffalo*

*Name _____

*Street Address _____

*City _____ *State _____ * Zip _____

*Preferred phone _____ Circle: cell landline

*Email _____

List the roles in which you are interested:

1. _____ 3. _____

2. _____ 4. _____

Will you accept a role other than the above? Yes No

Please list previous performing or acting experience by play, role, and location.

1. _____

2. _____

3. _____

4. _____

5. _____

Please list any special talent or interest you have that may be useful to this production (dance, singing, art, instrumentalist, sewing, etc.)

1. _____ 3. _____

2. _____ 4. _____

Using the rehearsal calendar on the reverse side, note any dates in which you have conflicts.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
July 29	30	31	August 1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	September 1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	October 1	2	3	4	5	6