

Electric City Playhouse

Audition Form for *The Savannah Sipping Society*

*Name _____

*Street Address _____

*City _____ *State _____ * Zip _____

*Email _____

*Phone: Cell _____ Home _____ Work _____

(Please circle/highlight the number which you prefer ECP use to contact you.)

Role(s) Desired: _____

Will you accept ANY role offered? YES _____ NO _____

Experience: List highlights, or submit a résumé, covering your acting experience and training. Please include any special skills, especially stage combat, circus/athletic skills, etc.

Would you work in another function on the show if you are not cast? YES _____ NO _____

If YES, in which areas are you interested? *(Please circle or highlight)*

Costumes	Set Decoration	Publicity
Hair/Make-up	Set Construction	Ushering
Lighting	Stage Crew	Wherever you need me – I'm flexible!
Properties	Sound	

If you are an Equity actor: Do you understand that this is a non-paying, non-Equity show, and that you are responsible for obtaining all waivers and permissions necessary for your participation? YES _____ NO _____ NOT APPLICABLE _____

How did you learn about these auditions? _____

May we add you to our electronic patron mailing list? YES _____ NO _____

Please be aware that ECP may present a show that may have language or content some may find objectionable. Actors in such shows must follow the script as written by the playwright.

Please be sure to read the Code of Conduct and then complete the signature conditions.

Using the rehearsal conflict calendar, note any dates in which you are unavailable.