

# *Electric City Playhouse*

## Audition Form for *Little Shop of Horrors*

\*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.

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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 sure to read the attached Code of Conduct and then complete the signature conditions on the reverse side.

***Using the attached rehearsal calendar, note any dates in which you have conflicts.***