



Audition Form

Name: _____

Address: _____ City _____ Zip _____

Email address: _____

Home Phone: _____ Work Phone: _____

Cell phone: _____

List theatrical/musical experience: _____

Is this your first experience with Make-Believers?

Which of the following are you interested in working on (PLEASE CIRCLE):

Set construction:	yes	no
Props:	yes	no
Publicity:	yes	no
Lighting crew:	yes	no
Makeup crew:	yes	no
Costume crew:	yes	no
Stage crew:	yes	no