



**Little Shop of Horrors Audition Form** Performance Dates: August 1,2,3,8,9 & 10, 2025

Are you available to attend all technical rehearsals (July 28-31) and performances? Yes No

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Are you auditioning for a particular role? Yes No If so, which one? \_\_\_\_\_

Would you accept any role? Yes No Would you be willing to play multiple parts? Yes No

Do you play a musical instrument? Yes No If yes, which instrument(s): \_\_\_\_\_

Any special skills? (juggling, gymnastics, specialty dance skills, etc.) \_\_\_\_\_

Voice type, if known: (e.g., Soprano, Baritone) \_\_\_\_\_

Have you had any dance training? Yes No If yes, which types of dance? \_\_\_\_\_

What physical limitations do you have that would restrict your movement on stage? \_\_\_\_\_

Are you willing to alter hair/facial hair if requested to do so? Yes No

Are you interested in helping off-stage, such as building sets, costumes, publicity, lighting, props, contacting local businesses, etc.? If yes, indicate which: \_\_\_\_\_

**Availability:** Please list when you are available to rehearse: (IE: Mon., Tues., Wed. evenings): \_\_\_\_\_

**Conflicts:** Please list all conflicts you have between June 15 and the August 10: \_\_\_\_\_

**Previous Acting/Singing/Performing Experience:** Please list your acting, dancing, singing or performing experience on the back or attach a résumé. \_\_\_\_\_

Parent/Guardian Signature (if under 18) : \_\_\_\_\_

Print Name (parent/guardian): \_\_\_\_\_ Phone: \_\_\_\_\_