

DEAD TO THE LAST DROP – AUDITION FORM
Auditions Sept. 20, 2009, & Sept. 21, 2009

NAME: _____

Age Range: _____ Actual Age: _____

PHONE #s: Home: _____ Work: _____ Cell: _____

Email: _____

How often do you check your email? DAILY WEEKLY RARELY

Address: Street: _____ City _____ Zip _____

Part most desired? _____ Will you accept an alternate role? _____

Would you like to be double cast? *(Share your role with another actor so your performance schedule is not as demanding)* Yes No

How comfortable are you with improv and audience interaction?

What singing experience, if any, do you have?

Do you have any conflicts with the rehearsal or production schedule? Yes No If so, what?

Would you consider a production job if not cast? Yes No

T-Shirt Size: XS S M L XL

Have you been part of a previous Riverfront Production? Yes No If yes – list most recent production:

List any other previous theater experience:
(Not necessary unless you are new to the Riverfront Playhouse or Keyhole Mystery Theater)

DIRECTOR'S NOTES