



Mary Poppins

Performances: Nov 17, 18, 19

Rehearsals: Tuesdays and Thursdays, 4:00-6:30pm

Tech Week: Nov 13-16

PLEASE COMPLETE TWO COPIES OF THIS PAGE FOR AUDITIONS

PERFORMER

Name: _____

Street Address: _____

City: _____

Zip code: _____

Contact Number: _____

Email: _____

PARENT/GUARDIAN

Name: _____

Number(s): _____

Email: _____

CLOTHING SIZES

Shirt: _____

Pants: _____

Shoes: _____

EXPERIENCE

Anything you would like to list: _____

I am interested in the role(s) of: _____

I will accept any role: YES NO

My parents have read the rehearsal schedule. We understand that any more than three (3) initial conflicts may affect the role that I am given.

ALL TECH REHEARSALS ARE MANDATORY

PLAN TO BE PRESENT FOR ALL REHEARSALS unless otherwise predetermined

and for ALL PERFORMANCES-NOV 17, 18, 19

I have conflict(s) on (list all dates): _____

Parent/Guardian Signature: _____ Date: _____

Performer Signature: _____ Date: _____