

Name:					
Height:	Eye Color:	Hair Color:	Gender:	COVID Vaccinated?	
Cell Phone: Email Address:					
Mailing Add	dress:				
ROLE(S) YO	OU'RE AUDITIONING FO	OR:			
Preferred R	ole #1:				
Preferred R	ole #3:	Will y	ou accept other role	s? YES / NO	
Are you wi	Iling to: Cut	Dye Per	m your hair?	Shave?	
SPECIAL TH	IEATRICAL SKILLS (list	any special skills in the	space provided):		
NOTABLE P	REVIOUS PERFORMAI	NCE EXPERIENCE / ROL	ES:		
Role:		Company:		Year:	
Role:		Company:		Year:	
Role:		Company:		Year:	
	PORTUNITIES: as a performer, would y	ou be interested in wo	rking in another posi	tion? YES / NO	
	e any dates below tha enings and Thursday o	•	<u>E</u> . Rehearsals will tal	ce place Sunday afternoon/ever	nings,
August: 20	22 24 27 29 31 Se	ptember: 3 5 7 10 12	14 17 19 21 24 26	5 28 October: 1 3 5 8 10 12	15
	ates are October 16-22 mances during the bla		ember 3-4. Cast mem	bers must be available for all re	hearsals
How did yo	ou hear about our aud	itions?			
Our websit	e Email Friend (Other website:	Other:		
Would you	like to sign up for the	Main Street Theatre e	-mail list? YES / 1	10	

OPEN, DIVERSE CAST SOUGHT: Because our goals at Main Street Theatre include fostering a fun, inclusive, community-building environment, our open casting encourages and expects actors of all ages, colors, sizes, identities, cultures and abilities to audition for any part in which they are interested.