

PO Box 92 Galway NY 12074 www.galwayplayers.org

Ch 1 :441 - 1/4 - --- ---

Actor Audition Form

Snow. Little v	vomen	Audition Date.	January 20, 2019					
Contact Information (Please Print Clearly):								
Name:								
Address:								
Phone:	Email:							
Age Range: Age 5-12	Age 1	13-17	Age 18 +					
Audition Information – please indicate your	participation ir	nterest below:						
List specific role(s) for which you are auditioning:								
Interest:								
I will ONLY accept the role(s) I have listed a	above.	Yes	No					
I am interested in the parts listed, but will acany part including chorus.	ccept	Yes	No					
I am ONLY interested in a chorus part.		Yes	No					

Rehearsals take place on Sundays from 1-6pm. Some parts may not be required to attend the full rehearsal each week – cast rehearsal schedules will always be communicated in advance. All participants are expected to be at rehearsal each week as scheduled. Performers are allowed 1 excused absence. If there are additional absences, opportunity for participation in the production may be restricted or withdrawn. Please note any potential conflicts on the schedule below.

Yes

No

Please note, attendance at dress rehearsal and all performances is mandatory.

Date	Conflict	Date	Conflict
Sunday, January 27		Sunday, March 17	
Sunday, February 3		Sunday, March 24	
Sunday, February 10		Sunday, March 31	
Sunday, February 17		Sunday, April 7	
Sunday, February 24		Sunday, April 14	
Sunday, March 3		**Saturday, April 20 (9am-12noon)	
Sunday, March 10		Sunday, April 28 – Dress Rehearsal	

Performance Dates: Saturday, May 4th - 5:00 Cast Call; 7:00 Performance

I am interested in any roles that include dancing.

Sunday, May 5th – 12:00 Cast Call; 2:00 Performance