

# Corbin Audition Packet

## Audition Form: Drinking Habits – by Tom Smith

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

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Preferred Role(s): check the box to the left of the role(s) desired.**

<input type="checkbox"/>	Sister Philomena	<input type="checkbox"/>	Sister Augusta
<input type="checkbox"/>	Sister Mary Catherine	<input type="checkbox"/>	Mother Superior
<input type="checkbox"/>	Sally	<input type="checkbox"/>	George
<input type="checkbox"/>	Paul	<input type="checkbox"/>	Father Chenille
<input type="checkbox"/>	Any Role	<input type="checkbox"/>	Only the role(s) checked

**Past experience: Please list any other productions and the role you played. Include the theatre for which you performed if any.**

**Conflicts: Look at the rehearsal schedule provided and list any dates that you could not attend rehearsal.**

**Special talents/skills:**

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(If you have a head shot and/or resume – turn them in with this form.)