

2020 DIGITAL GENERAL AUDITIONS

NAME: _____ PRONOUNS: _____

DEPT: _____ MAJOR: _____ YEAR OF STUDY: _____

PHONE: _____ EMAIL: _____

Do you have experience with the following things? (please check a box)

Previous

Acting Roles: NO YES: _____

Classical Text: NO YES: _____

Singing: NO YES: _____

Dance: NO YES: _____

Devising/
Improv: NO YES: _____

Do you speak any other languages that you feel comfortable performing in?

Do you play any musical instruments?

Do you have any other special skills you want us to know about?

What is your general availability?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday