

CONNECTICUT GILBERT & SULLIVAN SOCIETY

P.O. Box 313, Middlefield, CT 06455
860-554-1256 | www.ctgands.org

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AUDITION FORM

Please return this form to the front desk when completed. Your name will be called.

The information you provide to us will not be shared with any other organization.

PLEASE PRINT

Name _____

Street Address or PO Box _____

City _____ State _____ ZIP _____

Home Phone _____ Office Phone _____ Cell Phone _____

E-Mail Address _____

Age: (optional) Under 20 ☐ Over 20 ☐

Vocal Range: Soprano ☐ Mezzo-Soprano ☐ Alto ☐ Contralto ☐
Tenor ☐ Baritone ☐ Bass-Baritone ☐ Bass ☐

Desired Role: First Preference _____

Other Role(s) you would consider _____

If not chosen for a principal role, would you accept a chorus part? Yes _____ No _____

Please complete the additional information on the reverse side:

- List any conflicts you may have with the rehearsal or performance schedule.
- Tell how you heard about these auditions
- Tell us about yourself, other performing experience, any instruments you play, special interests
- For publicity purposes, the name of your local paper(s).

There are full cast rehearsals every Sunday, starting July 13^h, from 6pm-9pm. If you are cast in a principal role you will also need to attend several Tues evening rehearsals for your role from 7pm-9pm. There are tech week rehearsals each evening Oct 19th-Oct 24th. The show is Oct 25th and Oct 26th

Please list any conflicts you may have with the rehearsal or performance schedule:

How did you hear about these auditions?

Please offer a few words about yourself:

Other shows you've appeared in, and in what capacity. (You may attach a resume)

Instruments played:

Special Interests:

For publicity purposes, kindly tell us the name of your local newspaper(s)

Please return this filled-out form to the front desk. We will contact you concerning the results or any possible callbacks, probably within a week or so.