

Genoa Civic Theatre Audition Form

(Please Print)

Production: LINT! The Musical

Name: _____

Address: _____

City / State / ZIP: _____

Phone: _____ Email: _____

Role(s) Auditioning For: _____

Willing to be cast in other parts? ___ Yes ___ No

Willing to work behind the scenes? ___ Yes ___ No

Acting / Technical Experience:

Are there any dates on the proposed rehearsal schedule that you will be unavailable? ___ Yes ___ No

If Yes, please explain: _____

Your signature affirms that you are in accordance with all policy statements:

- You agree to assume financial responsibility for damage or loss of rehearsal materials, scripts, and costumes given to you for production use.
- You agree to help strike the set after the last performance.

Signed: _____ Date: _____