



Audition form

Savannah Sipping Society 2024

SIMCOE LITTLE THEATRE
33 Talbot St N., PO Box 324 Simcoe, ON N3Y 4L2
www.simcoelittletheatre.org Box Office: 519-583-0505



Name: _____ Audition date : _____

Address: _____

Phone: _____

Email: _____

Part Most Interested in: _____

If that part is not available, would you be willing to take another recommended part? _____

If no acting parts are available, would you consider being part of the crew? _____

Previous Theatre Experience? (most recent first)

Any previous commitments that could interfere with your regular attendance at rehearsals, etc?

Other Pertinent Data about you we should know? _____

Successful participants also are required to complete a volunteer registration form. A police record Vulnerable Sector Check (VSC) will be required for all productions involving vulnerable persons, at no cost to the participant.

Signature: _____

Parent Signature (if under the age of 18): _____