

THE THEATRE GROUP AT SANTA BARBARA CITY COLLEGE

AUDITION FORM
for
THE WOLVES

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell: _____ Business: _____

E-Mail Address: _____

Are you enrolled for credit at SBCC? _____ Are you a legal CA resident according to SBCC? _____

SBCC K# if you have one and know it _____

Are you fully vaccinated? _____

Vaccine card verified at audition table check in _____

All productions are considered a class in which you will be enrolled for units and receive a letter grade. If you are an international or out-of-state resident, you will be responsible for any cost above the in-state California fees.

Please initial your understanding of the above _____

Height: _____

Jacket size: _____ Shirt size: _____ Dress size: _____ Shoe size: _____

Do you wish to audition for a specific role? _____ Specify: _____

Will you accept any role? _____

Are you a member of Actors Equity _____

Please list all dates (including weekends) that you are unavailable from:

February 14-April 24, 2022

LIST ALL DATES. THIS INFORMATION IS CRUCIAL. PLEASE BE ACCURATE.

Please "X" the weeknight evening hours that you are not available to rehearse

2:00 3:00 4:00 5:00 6:00 7:00 8:00 9:00 10:00 11:00

Monday

Tuesday

Wednesday

Thursday

Friday, all daytime and evening hours:

Saturday, all daytime and evening hours:

Sunday, all daytime and evening hours:

On the back of this page please attach picture and resume (if you have one) and list theatrical experience.