

THE THEATRE GROUP AT SANTA BARBARA CITY COLLEGE
AUDITION FORM
 for
YOUNG FRANKENSTEIN

Name: _____ Date: _____
 Address: _____ City: _____ Zip: _____
 Home Phone: _____ Cell: _____ Business: _____

E-Mail Address: _____ (Would you like to be added to the audition email list? Y/N

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: _____

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 _____

Vocal Range _____
 Dance Experience (please be specific) _____
 Height: _____ Jacket size: _____ Shirt size: _____ Dress size: _____ Shoe size: _____

Do you wish to audition for a specific role? ____ Specify: _____
 Will you accept any role? _____

Equity _____

Please list all dates (including weekends) that you are unavailable from:
 May 19th through July 26th, 2025
 Performances: July 9-26, 2025

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.