

GLENVIEW THEATRE GUILD
Moon Over Buffalo
AUDITION FORM

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Business Phone: (____) _____

Cell Phone: (____) _____ E-Mail address: _____

Emergency Contact Name: _____ Telephone #: _____

Sex: M F Age: _____ Height: _____

Part(s) for which you are auditioning: _____

Will you accept another role? _____

Are you available for call backs on November 17th _____

If auditioning with a family member, are you willing to be in the show if he/she is not cast? Yes No

Are you planning to audition or are you cast in other shows that might conflict with *Moon Over Buffalo* rehearsals and performance dates

Briefly list your theatrical experience OR attach your resume. _____

How did you hear about these auditions? (check all that apply)

Pioneer Press GTG Website GTG Email Park Dist. Brochure Facebook Friend

Other (please indicate): _____

(PLEASE COMPLETE INFORMATION ON THE BACK & SIGN THIS FORM)

Please ***INDICATE CONFLICTS*** as instructed below!!

All rehearsals, load-in, parade, show, and strike dates are shown on the rehearsal schedule below with a **shaded box**. Please put an 'X' through any of the **shaded dates** with which you have conflicts.

NOV	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	17 CALL BACKS	18	19	20	21 READ-THRU	22	23
	24	25	26	27	28 HAPPY T-DAY!	29	30

DEC/JAN	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25 Xmas Day	26	27	28
	29	30	31	JAN 1 New Years Day	2	3	4
	5	6	7	8	9	10	11
	12	13	14	15	16	17	18
	19	20	21	22	23	24	25
	26	27	28	29	30	31	FEB 1

FEB/MAR	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	2	3	4	5	6	7	8
	9	10	11	12	13	14	15
	16	17	18	19	20	21	22
	23 TECH WEEK	24	25	26	27 FINAL DRESS	28 OPENING NIGHT 8:00 PM	MAR 1 Performance 8:00 PM
	2 Performance 2:00 PM	3	4	5	6 Pick-up Rehearsal	7 Performance 8:00 PM	8 Performance 8:00 PM
	9 Performance 2:00 PM / Strike after Performance	10	11	12	13	14	15

Please note that by auditioning for our show: 1) Your name may be included on other theater groups' mailing lists; 2) Your photo may be used for publicity on our Website, on a video, etc.

I have read the accompanying audition information. I understand the responsibilities of the cast and agree to abide by all the stated policies of the Glenview Theatre Guild.

Your Signature: _____

Date: _____

(Do not write in this space)

Call back time: _____ For Part(s): _____

Final Casting: _____