Audition #:



EVITA AUDITION FORM

PLEASE PRINT CLEARLY

Name:					
Address:					
Phone:	Alt. Phone:				
CURRENT E-mail:					
Age:	_ Height:		_ Hair Color:		
Stage Experience: (If available, attach resume)					

EVITA AUDITION FORM

Conflict Calendar Calendar subject to change with notice.

Please mark an "X" in the space next to any dates you will be UNAVAILABLE.

	- (DD		4.0.40.0
	7/28	Sun	10/20
Tuesday	7/30	Tues	10/22
_		Thurs	10/24
Thurs			
Sun	,	Sun	10/27 TECH (Req.)
Tues	,	Mon	10/28 TECH (Req.)
Thurs	8/8	Tues	10/29 TECH (Req.)
Sun	,	Wed	10/30 TECH (Req.)
Tues	8/13	Thurs	10/31 TECH (Req.)
Thurs	8/15		
Sun	8/18	Fri 11/1	Call 6:30PM
Tues		-	SHOW 8PM
Thurs	8/22	Sat 11/2	Call 6:30PM
Sun	8/25	•	SHOW 8PM
	8/27	Sun 11/3	Call 1:30PM
Thurs	8/29	,	SHOW 3PM
	,		
Sun	9/1	Fri 11/8	Call 6:30PM
Tues	9/3	,	SHOW 8PM
Thurs		Sat 11/9	
Sun	9/8	540 11/5	SHOW 8PM
	9/10	Sun 11/10	
Thurs	9/12	5un 11, 10	SHOW 3PM
	9/17		5110 11 51 1-1
	9/19		
	9/22		
Tues	9/24		
Thurs	9/26		
Sun	9/29		
Sull)/2)		
Tues	10/1		
Thurs	10/3		
Tues	10/8		
Thurs	10/10		
	10/10		
Sun			
Tues	10/15		
Thurs	10/17		