



Theatre de Jeunesse
Noises Off AUDITION INFORMATION
IF UNDER 18, MUST ATTACH TO A SIGNED PARENTAL CONSENT FORM

Saturday, 4/11: 1:00-4:00 - Hermann Fine Arts Center, 500 Butler Street, Marietta, OH

Sunday, 4/12: 2:00-5:00 - Parkersburg Academy, 1800 38th Street, Parkersburg, WV

(print legibly please)

Name: _____ Reside in _____ County _____ State

Home Phone: _____ Cell Phone: _____

Age: _____ School Attending (if applicable): _____

Email: _____

** In which role(s) are you interested (in order of interest)? _____

** Would you accept another role? _____

Vocal Range (base, tenor, alto, soprano, etc.): _____

Previous performing arts experience? _____

Dance experience (Y/N): _____ Type(s): _____

Do you have experience with basic theatrical make-up techniques? _____

If you own any basic theatrical make-up products, what do you have? _____

Do you have allergies to any of the following: Theatrical make-up (what type?) _____

Regular cosmetics? _____ Any kind of skin care products? _____

List any specific rehearsal dates on which you cannot rehearse: _____

*** PLEASE be sure that you have answered these questions to your satisfaction. It is unfair to other actors and to the directors if we cast you only to find out that you will not accept the role you are offered.

**** Thank you for your interest and the work you put into this audition. ****