

AUDITION APPLICATION FORM "MAMMA MIA!"

Please print and bring this sheet with you to your audition.

Name: _____ Address: _____

Phone: _____ Email: _____

Location, Date and Time of Audition:

Childs Auditorium, Mackenzie Community School, Wed, Dec.12: Time: _____

Thurs, Dec 13: Time: _____

Show dates: May 24,25,30,31, June 1

Rehearsals will be Wednesday, Thursday & Sunday evenings 6-9 (you will not be required at every rehearsal at the start). Are you available these evenings? _____

Are you involved in any other activities on these nights? Yes ___ No ___

Other days may be required for rehearsals (especially near show-time) - what days/dates are you unavailable? _____

Please indicate first, second and (if you have it) third choice
Note: these couples may kiss: Sophie & Sky, Donna & Sam

Males: Sam Carmichael Harry Bright Bill Austin Sky

Pepper Eddie Father Alexandrios Chorus

Females: Sophie Donna Rosie Tanya

Lisa (Sophie's friend) Ali (Sophie's friend) Chorus

Please indicate if there are any roles you will not accept: _____

Vocal range (if known): Please circle: Soprano Alto Tenor Bass Baritone

note range (if known): _____

Do you have any special movement skills (e.g. splits, backflips)? _____

If not selected for a role in this production, would you be interested in helping backstage? Y/N ___

If offered a role, you will be required to come to all necessary rehearsals and pay a \$2.00 fee to become a member of the Deep River Players.

If the Deep River Players is not familiar with your theatre (acting, singing, dancing) experience, please list:
