

WILLIAMSTOWN LITTLE THEATRE AUDITION FORM

BRING THIS FORM ALREADY FILLED IN TO YOUR
AUDITION, TOGETHER WITH A PHOTOGRAPH
(NON RETURNABLE)

PLAY TITLE: _____

Please print clearly!

Name: _____

Age or age group: _____

Address: _____

Phone numbers: day _____ night _____ mob _____

Email: _____

Are there any regular weekdays you cannot rehearse? If so, which? _____

ROLE/S YOU ARE AUDITIONING FOR:

Brief list of recent roles: