

The James Downing Theatre
6740 North Oliphant Avenue, Chicago, IL 60631
Audition Form

Show Title: Old Ringers by Joe Simonelli

Production Dates: September 9, 10, 16, 17, 23, 24

Please attach a copy of Your Resume and Head Shot

Name: _____ Email Address: _____

Cell Phone Number: _____ Alternate Phone Number: _____

Address: _____

Where did you hear about audition?

Roles you would like to be considered for:

Would you accept another role if cast? Yes No Maybe

Please circle any other aspects of production you'd be interested in: Costumes Make-up
Set Construction Set Decoration Props Lighting Sound House Publicity

Please list any times that you would not be available for rehearsals, tech week, and productions (use back of form if necessary):

Please Read Carefully, Sign and Date

I will be responsible for all my own personal items. I know that The James Downing Theatre does not carry Workers' Compensation Insurance for non-staff members. I accept responsibility for my own medical expenses in the event of an accident or injury. I authorize and consent that The James Downing Theatre shall have the absolute right to publish, use, sell or assign any and all photographs taken of me as a participant in the above production(s).

Signature: _____ Date: _____

Do Not write below this line

Callback: _____ Cast: _____ Audition Number: _____

Comments: