

St Petersburg City Theatre
Dracula, The Vampire Strikes Back
Audition form

Name _____

Address _____

City _____ ZIP _____

Phone _____ E-Mail Address _____

Age Range (ages you can play convincingly) _____

Previous Acting Experience (and/or classes)

Show Part Theater

List the part(s) you would like, in order of preference

(1) _____ (2) _____ (3) _____

PLEASE LIST ALL CONFLICTS BETWEEN NOW AND OPENING

Thank you for auditioning at St. Petersburg City Theatre. Our auditions are open to everyone. We hope there is a part for you in the present production -- if not, please come back to our future auditions.

Please tell us how you heard about this audition.

Your signature indicates you have read the above and understand the nature of your commitment to SPCT, if you are cast, and agree to abide by the theater's rules.

Your signature also allows the use of your image with regards to Publications, Press Releases and Advertising for St. Petersburg City Theatre.

Your signature _____