

Phone Number

SOCIAL DISTANCED CABARET

Audition Form & Conflict Calendar

Actor's Name	18+?	Email
	Y / N	

Audition Song Title

Are you interested in participating in a dance number in addition to your song?	YES	NO
Are you interested in singing a duet or trio?	YES	NO
Are you okay with our covid statement and expectations?	YES	NO
Special comments & concerns:		

Please mark what times you are unavailable. We will work around your schedule when holding rehearsals.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FEBRUARY	1	2	3	4	5	6
7	8	9	10	II	12	13
14	15 Group Number	16 Tech	17 Tech/Dress	18 Final Dress	7:00 PERFORMANCE	20 4:00 PERFORMANCE 7:00 PERFORMANCE
21	22	23	24	25	7:00 PERFORMANCE	27 4:00 PERFORMANCE 7:00 PERFORMANCE