the Shakespeare EXPERIENCE

HARLEQUIN PRODUCTIONS

SUMMER 2009 AUDITION FORM

NAME _____ AGE _____

ADDRESS_____

PHONE _____ EMAIL _____

SCHOOL _____ THEATER TEACHER_____

PHOTO ATTACHED? YES NO

EMERGENCY CONTACT NAME / RELATIONSHIP_____

EMERGENCY PHONE _____ ALTERNATE PHONE _____

PLEASE LIST YOUR THEATER EXPERIENCE AND TRAINING

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MAIL COMPLETED FORM & PHOTOGRAPH TO **TSE / HARLEQUIN PRODUCTIONS, 202 4TH AVE E, OLYMPIA, WA 98501**

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