



SPRINGVILLE
Center
for the **ARTS**
presents:

The Addams Family
at Gowanda's Historic Hollywood Theater

Audition Application Number _____

(Please print all information below legibly)

Name: _____

Gender: _____ Height: _____ Hair Color: _____ School Grade (if still in K-12): _____

Address: _____

(Street)

(City/State/Zip)

Contact Information (For Applicants 18 years and older)

Phone(s): (Land line) _____ (Cell) _____

Email Address: _____

**Remember to
submit a head
shot and resume!**

Contact Information (For Applicants under 18 years old)

Parent/Guardian Name(s) _____

Parent Phone(s) (Land Lines) _____ (Cells) _____

Email Address(es): _____

THE NEXT SECTION IS EXTREMELY IMPORTANT - YOUR PERSONAL AVAILABILITY

“x” out all dates below that you **could not** attend rehearsals Mon - Th 6:30 - 9:30pm; Sat 8 - 11:30am

In Gowanda Presbyterian Church May 9 - 28

	M.	T.	W.	Th.	Sat.
May:	9	10	11	12	
	16	17	18	19	
	23	24	25	26	
	30	31			

In Gowanda Hollywood Theater May 30 - July 3

June:		1	2	4
	6	7	8	9
	13	14	15	16
	20	21	22	23
	27	28	29	30

July: Performances Fri. 1st; Sat. 2nd; Sun. 3rd

Please be very accurate in reporting ALL dates on which you cannot attend rehearsals by placing an “X” over that date. Once you submit your application, the directors will assume that you are available on all un-Xed dates and that attendance will be your priority. If you fail to attend on an un-Xed date, your role may be reassigned.

The rehearsal calendar will be created to fit cast availability. Please double check your dates for accuracy. Attendance at rehearsals is critical.

The space below is for your comments. What would you like us to know about you?

Examples: What shows that you have appeared in were your favorites? How do you feel about being in a musical? What are your special talents? (dance, play an instrument, singing, etc.) Please use back also if you need to.