Reader's Theater Audition Registration Form

Thank you for your interest in joining our new Reader's Theater project! Please fill out this quick form so we can prepare for your audition. No memorization is required—you will be reading directly from the script (cold readings).

1. Contact Information

- **Full Name: _____**
- **Email Address: _____**
- **Phone Number: _____**

2. Roles & Interests

- **Which roles or age ranges are you most interested in? (Leave blank if open to anything)**

- **Are you comfortable playing multiple small roles or narrating if needed?**
  - ☐ **Yes**
  - ☐ **No**
  - ☐ **Maybe / Prefer a single role**
- **If not cast, would you be interested in helping behind the scenes? (e.g., sound effects, stage management, welcoming guests)**
  - ☐ **Yes**
  - ☐ **No**

3. Schedule & Conflicts

- **Please list any specific dates or times you cannot make it to rehearsals or performance dates:**

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4. Background & Accessibility

- **Do you have any previous theater or reading experience? (Not required! Beginners are highly welcome.)**

- **Do you require any specific accommodations to comfortably participate in auditions or rehearsals? (e.g., large-print scripts, physical access needs)**
