DRAMASTICS 2020 Audition Form Auditions are Thursday, March 5, 2:30-4:30pm

Name:	Grade:	_ Favorite improv game?
Are you academically eligible from	om 2 nd quarter: YES NO	
Phone number:	Email:	
Theatre experience (include class	es and productions—at Hammond an	d elsewhere). You may attach a resume.
If cast, what strengths and/or skil	ls would you bring to this group? Plea	ase answer seriously.
SCHEDULE: Our rehearsals will be held two a receive the conflicts of actors we		ys of the week for rehearsals will be set when we
What is your weekday afternoon	schedule? (please list all clubs, work	schedules, sports practices, Driver's Ed, etc.)
	rmance, 6pm call time	e cast in the group.
	d absence (not illness or family emergerformances? If yes, ple	gency) before being removed from the group. ease list below:
I understand the requirements of	Dramastics and agree to support the g	group if selected to be a member.
Student Signature:	Parent Signa	ature:
AUDITION EVALUATION (to CHARACTER: Vocal & physical choices, commitment, range	be completed by directors) LISTENING: Accepting and adding Sharing spotlight	CHARM: Stage presence Teamwork onstage and off
1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
NOTES:		