

Conflicts - Casting - Request Form

Please complete this form and return it prior to your audition.

Cast Member: _____ Group A B C (circle one)

Phone Number: _____

Email: _____

Conflicts: This information is very important when we consider lead roles. FAILURE to inform us could cost you your part (i.e. vacations, dance recitals, sports, prior commitments)

Dates: _____

Reason: _____

Casting: If you have a **brother or sister** in another group, please list his/her name and group below so we can place you in the same cast.

Name: _____ Group A B C (circle one)

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