AUDITION - FOUR OLD BROADS by Leslie Kimbell

Full Name:					
Pronouns:		<u> </u>			
Phone:		E-mail:	E-mail:		
Previous Perfo	rmance Experience/Roles				
Show —	Role -	Company —	Year —		
Show —	Role -	Company —	Year —		
Show —	Role	Company	Year —		
Show	Role	——— Company ————	Year		
What roles are	you interested in? Circle a	s many as apply.			
We have print of	outs of Character Descripti	ons to refer to for further info	rmation		

BEATRICE SHELTON - 60s or up - Retired burlesque performer, lots of attitude

EADDY MAE CLAYTON - 60's or up -Former Nurse and deeply devout woman

IMOGENE FLETCHER - 60's or up - Newest Resident, classy and put together. Suffering from unsettling memory losses, wheels around her oxygen tank at all times

MAUDE JENKINS - 60's or up - Eccentric, frumpy, obsessed with planning her own funeral and watching her soap operas.

SAM SMITH - 60's or up - Retired Elvis impersonator and casanova. Will flirt with anyone within five feet.

PAT JONES 40s - Rude and pushy nurse. She's controlling and has a secret she's not letting anyone in on.

RUBY SUE BENNETT 30's - Kind and caring nurse. Always has her nose in a romance novel.



Once the show is cast -

Rehearsals won't fully begin until after the holidays, but we plan to have our first read through the week of the 14th based on people's schedules. Casting this early is meant to get scripts into actors hands so they can begin working on it during the holidays.

We will create the rehearsal schedule based on conflicts given to us, but you can expect that there will be rehearsals three days as week though you may or may not need to be at all of them.

Performances - March 13, 14, 20, 21, 27 & 28- at 7:30 pm March 15 & 22 - Matinees at 2:00 pm There will be a mandatory set strike on March 29

Please come prepared with a calendar of any conflicts you may have during the rehearsal period. **This is important.**

Please write any dates you are not available for the potential rehearsal schedule						
		enditions to note: (Ai any phobias we sh	-	hmatic? Any severe		
		audition? Circle On				
FACEBOOK	E-MAIL	OUR WEBSITE	FRIEND/FAMILY	OTHER		
Emergency Cor	ntact					
Name of contact	ot:					
Phone:			Relationship to contact:			
Doctor Name a	nd Phone (if a	ipplicable):				