2026 Sioux Center Arts Fall Production

Over the River and Through the Woods

Audition Form

Name:_____ Gender: M / F Age: _____

Phone Number:_____ Email: _____

Hair Color: _____ Height: _____ Shirt Size: _____ Shoe Size: _____

Can you grow a mustache/beard? Yes / No

Are you willing to cut/dye your hair for a role? Yes / No

Can you attend all required dates? Yes / No

Do you have experience with accents? Yes / No

How did you hear about auditions? _____

Are there any roles you are particularly interested in? _____

Are there any roles you would NOT accept? _____

List any previous theatre experience (Show, role and company):

List any other special skills you have (Ex: gymnastics, juggling, playing the mandolin, etc.):

Please list any regular conflicts you have:

Time	Monday	Tuesday	Wednesday	Thursday	Friday
5pm					
6pm					
7pm					
8pm					
9pm					
10pm					

Regular Saturday Conflicts:

List any one-time schedule conflict dates: (Ex: Wedding on October 10)