



CAC Audition Form

Harrell Theatre
440 W Powell Rd., Collierville, TN 38017

***The Sound of Music* will run September 11 - 20, 2026:**

(Friday, September 11 at 7:30pm; Saturday, September 12 at 7:30pm; Sunday, September 13 at 2:30pm;
Friday, September 18 at 7:30pm; Saturday, September 19 at 2:30pm, and Sunday, September 20 at
2:30pm).

****we will also have a Pay-What-You-Can Performance on Thursday, September 17 at 7:30pm****

Audition # _____

Name: _____

Address: _____

Cell Phone # _____ Home Phone # _____

Email: _____ Parent email (if minor): _____

Age: _____ (as of show date) Height: _____ Hair color: _____ Grade: _____

Occupation/School attending: _____

Special Skills/tricks: _____

Preferred role: _____

Would you consider another role? _____

Would you consider ensemble/chorus? _____

Are you interested in being part of the crew? _____

If Minor Parent's name: _____ Phone #: _____

Where did you hear about auditions? _____

List all conflicts between **July 25 - September 10**:

Fill in Below **OR** Provide a Resume

Theatre Experience: _____

Vocal, Acting, Dance, or Instrumental Training: _____

Read statement CAREFULLY & Sign below (if under 18, parent must sign)

I understand that the Collierville Arts Council (CAC) is a non-profit service provider for the Town of Collierville. In order to ensure the quality of the final performance, I understand that more than two unapproved absences from rehearsals may result in dismissal from the show. In addition, the cast members are expected to adhere to a professional code of conduct. Cast members must attend and be punctual at all required rehearsals and every performance. Cast members are requested to provide **at least 6 hours** of production help in return for 2 complimentary tickets.

Circle the areas that you, a friend/family member can do to assist in preparation of the production:

costumes set painting props set dressing sponsors set construction makeup/hair fundraising
backstage supervision stage crew usher concessions hang posters run spotlights

Name and Phone # of Volunteer: _____

I have read the above statement and reviewed the schedule. My conflict schedule is complete and accurate.

Signature: _____

*****Please supply a head shot if you have one. Thanks!***