



Butler Drama Department Casting Card

Name _____ E-Mail _____

Cell Phone _____ High School Attended _____

Hair Color _____ Eye Color _____ Height _____ Do you sing? _____

Vocal Range _____ Do you work? _____ If so, what days/hours _____

Please fill out your class schedule in detail, putting an X in each square you have a class or any outside work or commitment that would interfere with rehearsal.

	MON	TUES	WED	THURS	FRI	SAT
8-9 am						
9-10 am						
10-11am						
11-12 pm						
12-1 pm						
1-2 pm						
2-3 pm						
3-4 pm						
4-5 pm						

Below please list your most recent performance experiences:

CHARACTER

SHOW

THEATRE

List All Commitments From First Rehearsal thru Closing Night:

- 1.
- 2.
- 3.