

ST. JOHN OF THE CROSS - AUDITION FORM

Please Print:

Name _____ Age: _____

Address (incl apt#)

City _____ Postal Code _____

Email _____ Cell/Phone (_____) _____

Role Auditioning For: Choir _____ Ensemble _____ Other _____

Please circle below any other area that you can assist in.

COSTUME ASSISTANT HAIR/MAKE-UP SET CONSTRUCTION
PROPS STAGE CREW USHER

Please share any previous experience (Dance, Shows, Etc.)

Vocal range: Soprano Mezzo Alto Tenor Baritone Bass (If you don't know, a range test may be provided).

Should I become a member of the cast, I will:

- Abide by all St. John of the Cross safety protocols during the rehearsal period.
- Attend all required rehearsals and inform the stage manager if I am unavailable due to illness.
- Attend costume fittings.
- Attend ALL required rehearsals (Mon & Wed), tech week and performances as called, and will be punctual.

IMPORTANT: Please circle any rehearsals you can NOT attend.

Nov 17, 2025	Nov 19	Nov 24	Nov 26	Dec 1
Dec 3	Dec 8	Dec 10	Dec 15	Dec 17
Jan 12, 2026	Jan 14	Jan 19	Jan 21	Jan 26
Jan 28	Feb 2	Feb 4	Feb 9	Feb 11
Feb 16	Feb 18	Feb 23	Feb 25	Mar 2 - Tech
Mar 4 - Tech	Mar 5 -Dress	Mar 7- Show	Mar 8 -Show	

By signing this, I give permission to St. John of the Cross, without limitation or obligation, to photograph, record or videotape me and use this media for promotional or archival purposes.

Signature _____ Date _____

Please bring with you a recent photograph for the audition

Return this form before Sept 15th, 2025, to the office

Audition date

Friday	Sept 26	7 pm – 10 pm
Saturday	Sept 27	11 am – 3 pm
Sunday	Sept 28	1 pm – 4 pm

Please bring with you a recent photograph for the audition