

# Conflicts - Casting - Carpool Request Form

Please complete this form and return it prior to your audition.

Cast Member: \_\_\_\_\_ Group A B C (circle one)

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Conflicts:** This information is very important when we consider lead roles. FAILURE to inform us could cost you your part (i.e. vacations, dance recitals, sports, prior commitments)

Dates: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Casting:** If you have a brother or sister in another group, please list his/her name and group below so we can place you in the same cast.

Name: \_\_\_\_\_ Group A B C (circle one)

Name: \_\_\_\_\_ Group A B C (circle one)

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**Carpool:** If you choose to carpool, we will do our best to put you all in the same cast. \*\*\*If someone in your group is cast as a lead, we cannot guarantee you will all be placed in the same cast. Please list two names only of those in your carpool.

Name: \_\_\_\_\_ Group A B C (circle one)

Name: \_\_\_\_\_ Group A B C (circle one)