

OPERA CAROLINA

SUPERNUMERARY APPLICATION

GENERAL INFORMATION

Name: _____ Male / Female (*circle one*)

Mailing Address:

Daytime Phone #:

Evening Phone #:

Mobile Phone #:

Email:

EXPERIENCE / AVAILABILITY

Previous Acting or Stage Experience (*none required*):

Special Skills (*juggling, acrobatics, dance training, etc.*):

What general times during the week are you available? (*for example: most weeknights, weekends only, weekdays, etc.*):

OTHER

Height:

Weight:

Men Only: Do you have facial hair? If so would you be willing to shave for a production?

How did you hear about becoming a supernumerary?

CONTACT US:

MAIL FORMS TO:

Opera Carolina Supers
attn: Chad Calvert
345 North College Street, Suite 409
Charlotte, North Carolina 28202
Or email form to **Chad@operacarolina.org**

QUESTIONS:

Phone: 704-332-7177 ext. 208
E-mail: **Chad@operacarolina.org**
Fax: 704-332-6448