



# Audition Form

Name of Show: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

(As you would like it to appear in the program)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ (Please print clearly)

Phone- Preferred: \_\_\_\_\_ (h) (c) (w) Alternate: \_\_\_\_\_ (h) (c) (w)

Earliest/ Latest hour we can call you: AM \_\_\_\_\_ PM \_\_\_\_\_

Are you auditioning for a specific role? Yes No Would you accept another role? Yes No

Part desired (in order of preference)

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_ 4. \_\_\_\_\_

Personal Info: Height: \_\_\_\_\_ Acting Age Range: \_\_\_\_\_ to \_\_\_\_\_ Hair Color: \_\_\_\_\_

Are you willing to change your appearance (ie: hair color, facial hair) if necessary? Yes No

List information about recent shows in which you have been involved:

Show	Role	Theater	Year

List any conflicts you have during the rehearsal period	List any additional theater experience

If not cast, would you be interested in working on a production in another capacity? Yes No

If Yes, please check below the areas that interest you.

- |                               |                  |           |
|-------------------------------|------------------|-----------|
| Set Design/Construction       | Sound            | Ushering  |
| Stage Managing                | Makeup           | Costumes  |
| Backstage Crew                | Lighting         | Computers |
| Production Manager            | Box Office       | Props     |
| No Experience, But Interested | Other (Specify): |           |

Please add me to your mailing list: Yes No