



Audition Form

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Please complete this form and present it when you are called for your audition

Performer Name _____

Home Address: _____ City _____

Phone _____ Email _____

Alternate Phone/Email if necessary: _____

Roles Desired (in order of preference): _____

Age Range you feel you can play: _____

Do you have any medical conditions or concerns that may be an issue while participating in this show? (i.e. lighting, fog, strenuous physical activity)

Rehearsal Schedule Conflicts:

Rehearsals typically occur on one or more of the following days of the week - Monday, Wednesday, Thursday and Saturday. Please list any ongoing conflicts with these days.

Please list any conflicts you have with the Tech dates. Will you be able to attend ALL tech week rehearsals?

Y/N

If you have any conflicts (answered no to the above question) please list them.

How did you hear about this audition? _____

I am willing to accept an Ensemble Role (circle) YES or NO



Previous Shows and Roles I have played - recent first (or attach resume):

Show	Role	Theater/Group	Date (Month/Year)

Acting Lessons/Training you have had:
