

AUDITION FORM

(Please complete and
bring to auditions)

Name: _____

Address: _____

Birthdate: _____ Age range: _____ Height: _____ Sex: M F

Home phone: _____ Cell phone: _____

Do you Text? Y N Email: _____

Notable acting/theatre experience: (use reverse if you need more space)

Year **Play/Show Name**

Role

Year	Play/Show Name	Role

In the event you are not cast, would you still be interested in remaining involved with the production in any of the following areas? (check all that interest you)

- Lighting/Sound Stage Mgr Advertising/Publicity
 Costumes Stage Crew Set Construction

Please list **ALL** conflicts you have between now and the performance dates.

List the parts you are particularly interested in: _____

List any parts that you do NOT want: _____

DIRECTOR'S/AUDITION NOTES