



Audition for Show: _____

Audition Form

Name: _____ Pronouns: _____
Address: _____ Home Phone: _____
_____ Cell Phone: _____
_____ Email: _____
Emergency Contact: _____

Age: _____ Hair Color: _____ Eye Color: _____ Height: _____
Shirt Size: _____ Pant Size: _____ Dress Size: _____ Shoe Size: _____

Prior Theatrical Experience

Name of Production	Role	Size of Role
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have experience with Public Speaking? **Yes / No**
If Yes, with whom?

Is there a role you prefer? **Yes / No**
If Yes, which?

Have you taken Acting/Drama Classes? **Yes / No**
If Yes, with whom?

Would you be willing to take any role you are offered?
Yes / No

Have you had experience with improvisation? **Yes / No**
If so, please elaborate

Are you willing to change your hair cut/color if necessary?
Yes / No

Have you taken vocal lessons? **Yes / No**
If Yes, with whom?

Please complete the reverse side →

Please list any and all activities that may cause conflicts on this page. Since we consider the amount of time you have available to rehearse the part in which you are cast, we must know what other obligations and commitments you have.

Regardless of the part you are cast in, please understand that you must be available for the dress and tech rehearsals and entire production week of the show.

Signed: _____

Date: _____