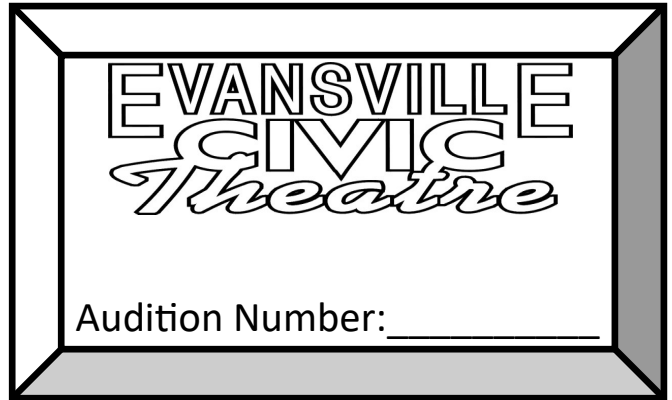


Audition for: _____



Audition Form

Name: _____

Pronouns: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Emergency Contact: _____

***Fully Vaccinated for COVID?** : YES NO Age _____ Hair Color _____ Eye Color _____

Height _____ Weight _____ Shirt Size _____ Pant Size _____ Dress Size _____ Shoe Size _____

Prior Theatrical Experience

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

Have you had experience with public speaking? If so please elaborate.	Yes	No	Is there a role you prefer? If so, which?	Yes	No
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Have you taken Acting/Drama Classes? If so, with whom?	Yes	No	Would you be willing to take any role you are offered?	Yes	No
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Have you had experience with Improvisation? If so, please elaborate.	Yes	No	Are you willing to change your hair color/ cut if necessary?	Yes	No
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Have you taken voice lessons? If so, with whom?	Yes	No
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Please complete on reverse side...

Audition for: _____

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.

This schedule is accurate to the best of my knowledge. I understand that I need to attend all rehearsals and if I cannot, I need to speak to my director as soon as I am aware. I understand that the schedule is my responsibility, and failure to meet commitments may result in the removal from the cast.

Signed _____ Date _____