

AUDITION FORM: ­­­­­ #: \_\_\_\_\_\_\_

Please fill out ALL the information below and attach a current headshot and resume (if available)

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AGE: HEIGHT: WEIGHT: T-SHIRT SIZE:**

**ROLE(S) AUDITIONING FOR:**

**WOULD YOU ACCEPT ANY ROLE (please circle):** YES or NO

**Previous theatre experience, role, and year (attach resume if applicable):**

|  |  |  |
| --- | --- | --- |
| **Show Title** | **Role** | **Year** |
|  |  |  |
|  |  |  |
|  |  |  |

**Any previous training theatre, dance, or music experience (Please List):**

|  |  |  |
| --- | --- | --- |
| **Training** | **Years Practiced** | **Teacher or School Name** |
|  |  |  |
|  |  |  |
|  |  |  |

**Other Talents:** (gymnastics, tap, musical instruments, accents, stage combat, etc.)

**Contact Info:**

Email: \_\_\_\_\_\_\_\_\_ 2nd Email if applicable: \_\_\_\_\_\_\_\_

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

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact:**

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

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Conflicts (please list any potential conflicts):**

8/1/8 revised