



Audition Number:

Audition Application:

Name:
Parent Name: Parent Email:
Address:
Phone No.: Alternate:
Email:
Age: Height: Gender: M F
Shirt Size: Pants size: Dress Size: Shoe Size:

Performance Experience:

Table with 4 columns: Name of Show, Name of Character, Production Group, Year

Continue on Back or Attach Resume of experience, Say "Please see resume" is sufficient.

Additional Training/Education/Vocal Training:

Dance Training: Yes No If, yes: How long? What Type?

Special Skills:

Is there specific role you are interested in being cast in?

Will you accept any role? Yes No Would you consider playing the role of the opposite sex? Yes No

Will you accept an ensemble role? Yes No Are you willing to play an understudy? Yes No

Can you or others help with production (sew, paint, publicity, box office, stage hand, etc.)? (list names here)

If you are not a cast member would you be willing to help as a crew member or stage manager? Yes No

Other Applicable Skills: STAGE MANAGER LIGHT BOARD SPOTLIGHT SPEACIAL EFFECTS
RIGGING/FLYING PROPS SEWING/COSTUMES SET BUILDING SET PAINTING
FRONT OF HOUSE PUBLIC RELATIONS PHOTOGRAPHY USHERING

Potential medical or other conditions to note: *(Are you diabetic? Asthmatic? Suffer from serious allergies? Do you suffer from any phobias we should be aware of?):*

Are you currently performing/rehearsing anything now?

Please list any potential Scheduling Conflicts for rehearsals or performances below: (see rehearsal schedule)

Rehearsals begin _____ Performances are _____

Dates of conflicts	Reason for conflicts

How did you hear about our Auditions? (Circle all that apply)

NEWSPAPER E-MAIL NOTICE OUR WEBSITE FRIEND TEACHER FACEBOOK OTHER

Would you like to sign up for our group mailing list? No Yes

Email _____

Approved names for pick up for minors: (additional names on back)

Name	Phone number: