



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:

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: _____

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:

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: