



Audition Form

Please complete one audition form AND one conflict calendar for **EACH PERSON** auditioning.

Name: _____ Best contact number: _____

Email: _____

Age: _____ Birthday: _____ Pronouns: _____ Height: _____ T-shirt Size: _____

For Minors: Parent/Guardian name _____ Best contact number: _____

Please list any experience or training in theatre. You may attach a resume if you prefer.

List any special talents or abilities: _____

If you are auditioning with family members and DO NOT wish to be cast without them, please list their names and ages:

List the role(s) you would like to be considered for: _____

Are you willing to accept ANY ROLE? _____ YES _____ NO

(Selecting No, will not negatively affect casting decisions but instead will allow us to cast effectively.)

How did you hear about us? Website _____ Friend/Family _____ Social Media _____ School _____ Other _____

I have completed this audition sheet to the best of my ability. I have HONESTLY completed and attached a Conflict Calendar and provided a current headshot. **I have listed ALL CONFLICTS which I have during production time and understand that I may be recast if my conflicts change and I am aware that the amount of conflicts may affect the possibility of being cast.** I understand that casting involves a number of factors including: talent, availability, work ethic, physical appearance and attitude. If cast, I will do my best to be on time and prepared for all my scheduled rehearsals and performances.

Children under the age of 14 WILL NOT be cast without parental involvement in the cast, production team, committees or help during certain rehearsals and performances.

Signature: _____ Date: _____