AUDITION INFORMATION FORM

_____ _____

Name Preferred Pronoun

_____ _____

Phone(s) Email Address

_____

Mailing Address

_____ _____

Vocal Range Age Range

Role(s) preferred :_____ _____

_____ _____

Acting Experience (if you have not submitted a theater resume): _____

_____

Do you have any physical limitations in regard to stage combat? (Falling/Grappling) YES NO

If YES, please briefly explain:_____

If you are not offered your "preferred" role, would you accept another role? YES NO

If not cast, please check the following backstage roles you would consider:

❑ Costume Wardrobe ❑ Light board operator ❑ Sound board operator

List here any conflicts (work and other) which may interfere with your ability to attend rehearsals. Please see rehearsal and performance calendar.

_____

_____

If cast in a role (including understudy), it is understood that the actor will come to all scheduled rehearsals. Tardiness and unexcused absences to rehearsals may result in dismissal from the production.

I have read the above_____