

AUDITION INFORMATION FORM

Name	Preferred Pronoun
Phone(s)	Email Address
Mailing Address	
Height	Age Range
Role(s) preferred : _____	
Acting Experience (if you have not submitted a theater resume): _____	

Are you comfortable kissing on stage. YES NO
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 you are not offered your preferred role, would you accept an understudy 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 _____