

# AUDITION FORM



**Vagabond Theatre,**  
PO Box 1987, CORNWALL, ON, K6H 6N7

**Website :** [www.vagabondtheatrecornwall.ca](http://www.vagabondtheatrecornwall.ca)

**Email :** [info@vagabondtheatrecornwall.ca](mailto:info@vagabondtheatrecornwall.ca)

PLAY YOU ARE AUDITIONING FOR: \_\_\_\_\_

SHOW DATES: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_, or \_\_\_\_\_

E-MAIL: \_\_\_\_\_ HEIGHT: \_\_\_\_\_

**By providing this email address, I agree to receive membership and show information from Vagabond Theatre through email.**

ON-STAGE EXPERIENCE:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER THEATRE EXPERIENCE: (such as backstage or production team)  
\_\_\_\_\_  
\_\_\_\_\_

PART(S) AUDITIONED FOR:  
\_\_\_\_\_

CONFLICTS: (any days / dates you are not available for rehearsal)  
\_\_\_\_\_

WOULD YOU BE WILLING TO WORK ON THE PRODUCTION IN ANOTHER CAPACITY IF YOU ARE NOT CAST IN A ROLE? YES NO. MAY WE CONTACT YOU FOR FUTURE AUDITIONS? YES NO

**If you are given a role in this play (as an actor or as stage crew), you will be required to become a Vagabond Theatre member so we can provide you the necessary insurance coverage.**

Please note that Vagabond Theatre may chose to use a photo with your image in it when producing promotional information including posting to the Vagabond Theatre website (full address shown above).

SIGNATURE: \_\_\_\_\_, DATE: \_\_\_\_\_

PLEASE BRING THIS FORM TO YOUR AUDITION. THANK YOU, VAGABOND THEATRE  
info@vagabondtheatrecornwall.ca