



AUDITION FORM

GENERAL INFORMATION

Name (as it would appear in the program):

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Birthdate: _____ Age: _____ Height: _____ Sex: M or F

Voice Type: _____ Voice Range (TBD by MD): _____ to _____

Parent's Name(s) (Minor's Only): _____

Parent's Cell Phone (Minor's Only): _____

Parent's Email (Minor's Only): _____

List any roles in which you are interested:

I would accept any role but prefer the roles I have indicated. Y or N

I would only accept the role of _____. Y or N

I would you accept any role offered. Y or N

Would you play an opposite sex role? Y or N

Resume Attached: Y or N

PREVIOUS ACTING/DANCING/SINGING/THEATRE EXPERIENCE AND FORMAL TRAINING

Please specify if not on resume: types, years, instructors, and school.

Previous Experience:

Year	Show	Role	Organization/School	Director

Formal Training:

Type of Training	Years	Instructor	School

REHEARSAL/PERFORMANCE CONFLICTS –

PLEASE LIST ALL CONFLICTS YOU HAVE FOR REHEARSALS AND/OR PERFORMANCES

Please note: Performance Conflicts may affect our ability to cast you in certain key roles.

DATE	CONFLICT	FLEXIBLE (YES) (NO)

Audition Board	Vocal	Stage	Dance
Director			
Ast. Director			
Music Director			
Choreographer			
Producer			
Board Member			