



AUDITION FORM

GENERAL INFORMATION

Name (as it would appear in the program):

Address: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

Birthdate: _____ Age: _____ Height: _____ Gender: _____

Voice Type: _____ Voice Range (TBD by Music Director): _____ to _____

Guardian's Name(s) (Minors Only): _____

Guardian's Cell Phone (Minors Only): _____

Guardian's E-Mail (Minors Only): _____

Please list any roles you are interested in:

I would accept any role, but prefer the roles I have indicated - Yes: _____ No: _____

I would only accept the role of: _____

I would accept any role offered – Yes: _____ No: _____

I would play an opposite gender role – Yes: _____ No: _____

Resume Attached? Yes: _____ No: _____

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

Please specify if not on resume: type(s), number of years, instructor(s) and school(s)

Previous Experience:

Year	Show	Role	Organization/School	Director

Formal Training:

Type of Training	# of Years	Instructor	School

REHEARSAL/PERFORMANCE CONFLICTS

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

The standard rehearsal calendar for Third Wall Productions is as follows:

Sunday Afternoons: 2-6PM; Tuesday/Thursday Evenings: 6:30-9:30PM

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

Date	Conflict	Flexible? (Y/N)

Thank you for coming to audition!