



# AUDITION FORM

## GENERAL INFORMATION

Name (as it would appear in the program):

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Preferred Pronouns: \_\_\_\_\_ Height: \_\_\_\_\_ 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 only accept the role(s) indicated above - Yes: \_\_\_\_\_ No: \_\_\_\_\_

I would accept any role offered – Yes: \_\_\_\_\_ No: \_\_\_\_\_

If there are any roles you would NOT accept, list here. If not, leave this blank: \_\_\_\_\_

I would accept a spot in the ensemble – 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; Monday/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 SO MUCH for auditioning! Break a leg!**