

# AUDITION FORM

Production Title / Audition Date: \_\_\_\_\_  
Will you accept any role? ☐ Yes ☐ No  
If no, please specify: \_\_\_\_\_

## CONTACT INFORMATION

Name: \_\_\_\_\_  
Pronouns (optional): \_\_\_\_\_  
Age (if under 18): \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Best contact: ☐ Phone ☐ Text ☐ Email

## SCHEDULING & CONFLICTS

General Availability

Day	9–12	12–3	3–6	6–9
Mon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fri	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Known Conflicts: \_\_\_\_\_

## VOCAL EXPERIENCE

☐ Sop ☐ Mezzo ☐ Tenor ☐ Baritone ☐ Bass ☐ Unknown

Training: \_\_\_\_\_

Song Today: \_\_\_\_\_

☐ Read music ☐ Somewhat ☐ No

## ACTING EXPERIENCE (You may attach a résumé, if available, or use the back of this form)

Recent roles/training: \_\_\_\_\_

Special skills: \_\_\_\_\_

## BACKSTAGE & INTERESTS

☐ Costumes ☐ Props ☐ Set Construction ☐ Tech

☐ Sound ☐ Stage Management ☐ Front of House

☐ Other: \_\_\_\_\_

Have you ever been involved in any team sports or clubs? \_\_\_\_\_

If you could have any superpower, what would it be? \_\_\_\_\_

## EMERGENCY CONTACT

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Signature / Date: \_\_\_\_\_