

**Please Complete All Sections and Attach Resume/Headshot if Available
List ALL Rehearsal Conflicts On Reverse Side**

Audition Number: _____ **Audition Day** _____

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____ **E-Mail:** _____

Parent Contact: _____ **Phone:** _____ **E-Mail:** _____

Occupation _____ **Employer** _____

Your Physical Description:

Height: _____ **Weight:** _____ **Age Range:** _____

Hair Color: _____ **Eye Color:** _____ **Date of Birth:** _____

Your Performance Experience (or attach résumé):

<u>Year</u>	<u>Production</u>	<u>Theater</u>	<u>Role</u>	<u>Director</u>

Your Special Skills and Training (or attach résumé):

Do You Play A Musical Instrument? YES NO Do You Have Your Own? YES NO

Role(s) For Which You Would Like to be Considered: _____

Will You Accept Another Role? Yes_____ No_____ Will You Accept Ensemble? Yes_____ No_____

*Please let us know which other areas of the production you would like to help with. (circle choices)
(If not cast, would you still like to work in any of the following areas?) _____ Yes _____ No*

- | | | | | | |
|----------------------|--------------|------------|-------------|------------------|-----------|
| Set Construction | Painting | Wardrobe | Properties | Lights | Publicity |
| Costume Construction | Make-Up | Box Office | Advertising | Ushering | |
| Musician | Running Crew | Playbill | | Other (explain): | |

How did you learn about these auditions? (please be specific) _____

Can you read music? _____