

**Curtain Call, Inc.
Audition Form**

Please PRINT CLEARLY and Complete All Sections. Attach Resume/Headshot if available.
List ALL Rehearsal Conflicts On Reverse Side

Audition Number: _____ **Audition date:** _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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

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

Occupation _____ Employer _____

MEN: _____ **LADIES:** _____

Suit Size _____ Dress Size _____

Height: _____ Weight: _____ Age Range: _____

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

Your Performance Experience (or attach resumé):

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

Your Special Skills and Training (or attach resumé):

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	Ushering		
Musician	Running Crew	Playbill	Advertising	Other (explain):	

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

Can you read music? _____ **Date of Full Vaccination:** _____

(That's two weeks after 2nd shot of Pfizer/Moderna or two weeks after J&J.)