Audition Form

AUDITION DAY & DATE_____

PLAY AUDITIONING FOR:_____

NAME_____

ADDRESS_____

CITY_____ **STATE**_____ **ZIP**_____

PHONE #'s: home_____ **cell**_____**work**_____

E-MAIL_____**HEIGHT**_____**HAIR COLOR**_____

_____**I will accept any role**

_____**I will accept any role, but would PREFER the following role(s):**_____

_____**I will accept ONLY the following role(s):**_____

Are you involved in any other theatre production(s) during the rehearsal and performance period?_____**If yes, list productions and dates**_____

Please list ALL conflicts that you have between the start of rehearsals and the closing performance date: _____

_____

_____**Please add my name to your mailing list for auditions.**

Please list your experience from most recent backwards OR attach current resume.

PLAY	ROLE	THEATRE	DIRECTOR	YEAR