



Audition Form-Musical

AUDITION DAY & DATE _____

PLAY(S) AUDITIONING FOR: _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE #'s: home _____ cell _____ work _____

E-MAIL ADDRESS _____

AGE _____ HEIGHT _____ WEIGHT _____

HAIR COLOR _____ EYE COLOR _____ DRESS/SUIT SIZE _____

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 _____

Are you available to rehearse during the day on weekdays? _____ If so, please list hours of availability _____

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.

M O R E O N T H E O T H E R S I D E



Audition Form

___ I will accept a production position (*please specify*)

lighting control _____
 set construction _____
 stage crew _____
 usher _____

stage manager _____
 properties _____
 costumes _____
 asst. s. m. _____

sound control _____
 painting _____
 dresser _____
 other _____

EDUCATION: TRAINING, CLASSES AND/OR DEGREES

Acting _____ "Acting" Voice _____

Musical Instrument(s) _____

Dance (specify Ballet, Modern, Jazz, Folk) _____

"Singing" Voice or Choir _____ Vocal Range _____

Specialty Act(s), Specialty Skill(s) _____

THEATRE PRODUCTION EXPERIENCE

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

PLAY	ROLE	THEATRE	DIRECTOR	YEAR