



Musical Audition Form

AUDITION DATE _____ SHOW _____

MUSICAL PLAY AUDITIONING FOR ROLE OF _____

NAME _____ PRONOUNS _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE: home _____ cell _____

E-MAIL _____ HEIGHT _____ HAIR COLOR _____

If cast, do you approve of us using your image in publicity photography? YES ___ NO ___

_____ 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.

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

Vocal Range _____

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



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THEATRE PRODUCTION EXPERIENCE

Please list your experience OR attach current resume on next page.

PLAY	ROLE	THEATRE	DIRECTOR	YEAR

DIRECTORS NOTES-
