

Actor's Name: \_\_\_\_\_

Please Print **CLEARLY** and attach 5X6 headshot to top right of audition form.



# Audition Form

*Contact Info:*

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Parent Name(s) : \_\_\_\_\_ Parent Email: \_\_\_\_\_

Parent Cell: \_\_\_\_\_ Emergency Contact Name: \_\_\_\_\_ Cell: \_\_\_\_\_

*Actor Questions (Please answer honestly):*

List Any Roles you are interested in: \_\_\_\_\_

List any roles you would not want: \_\_\_\_\_

Will you accept any role: Yes No

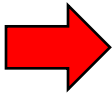
Recent Theatre experience:

| Date/Year | Show Name | Role | Organization | Director |
|-----------|-----------|------|--------------|----------|
|           |           |      |              |          |
|           |           |      |              |          |
|           |           |      |              |          |

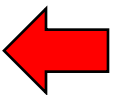
Special Talents? List them Below:

-  
-

Please indicate any conflicts you have with schedule on back of form:



*We attempt to accommodate as much as possible but your conflicts may interfere with our ability to cast you. So please continue to audition however please know that we will not be able to accommodate all conflicts.*



**Directors Use Only**

Volume/Diction    1       2       3

Call Back:    Y       N

Acting/Physicality    1       2       3

Possible Roles:

Dancing/Movement    1       2       3

1. \_\_\_\_\_

Singing/Voice    1       2       3

2. \_\_\_\_\_

Total Score: \_\_\_\_\_

3. \_\_\_\_\_