

**AUDITION FORM:**

#: _____

Please fill out ALL the information below and attach a current headshot and resume (if available)

NAME: _____

AGE: _____ HEIGHT: _____ WEIGHT: _____ T-SHIRT SIZE: _____

ROLE(S) AUDITIONING FOR: _____

WOULD YOU ACCEPT ANY ROLE (please circle): YES or NO

Previous theatre experience, role, and year (attach resume if applicable):

Show Title	Role	Year

Any previous training theatre, dance, or music experience (Please List):

Training	Years Practiced	Teacher or School Name

Other Talents: (gymnastics, tap, musical instruments, accents, stage combat, etc.)

Contact Info:

Email: _____ 2nd Email if applicable: _____

Address: _____

Phone # _____

Emergency Contact:

Name: _____ Relationship: _____

Phone # _____ Email # _____

Conflicts (please list any potential conflicts):
