

# AUDITION INFORMATION FORM

LEAVE BLANK

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SHOW

NAME

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ADDRESS

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HOME PHONE

WORK PHONE

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CELL PHONE

EMAIL

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HEIGHT

HAIR & EYE COLOR

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**PLEASE ATTACH A PICTURE & RESUME, OR LIST PREVIOUS EXPERIENCE & TRAINING ON REVERSE**

PLEASE LIST SCHEDULE CONFLICTS AS KNOWN:

WHICH ROLE(S) ARE YOU AUDITIONING FOR?

WOULD YOU ACCEPT ANOTHER ROLE?

WOULD YOU BE INTERESTED IN HELPING BACKSTAGE?

IF YES, IN WHAT CAPACITY?

HOW DID YOU HEAR ABOUT THIS AUDITION?

PLEASE LIST ANY THEATRICAL UNION AFFILIATIONS:

PLEASE LIST ANY DIALECTS/SPECIAL SKILLS YOU FEEL ARE RELEVANT:

