



AUDITION FORM

Percentile
And Score Here

Please fill out as much of the requested information below as possible, or **circle** the appropriate choice where applicable

Full Name: _____
Age: _____ Height: _____ Weight: _____
Eyes: _____ Hair: _____ Sex: MALE FEMALE
Home Phone: _____ Cell Phone: _____

NOTABLE PREVIOUS PERFORMANCE EXPERIENCE OR ROLES:

_____ COMPANY _____ YEAR _____
_____ COMPANY _____ YEAR _____
_____ COMPANY _____ YEAR _____
_____ COMPANY _____ YEAR _____

Specific Role You're Auditioning for (If Any) _____

Would you consider other roles? YES NO Would you consider playing a role of the opposite sex? YES NO
Would you accept an ensemble role? YES NO Are you willing to play an understudy? YES NO

MUSIC AND DANCE TRAINING:

Can you read music? YES NO Singing ability: NONE AMATEUR TRAINED (____Y YEARS)
Voice: BASS TENOR BARITONE ALTO SOPRANO Skill: BEGINNER INTERMEDIATE ADVANCED
Instruments you play: _____ Skill: BEGINNER INTERMEDIATE ADVANCED

DANCE/MOVEMENT: BALLET TAP JAZZ CONTEMP/MODERN HIP-HOP BALLROOM OTHER
Style (if Other): _____ # of Years: _____ Skill Level: BEGINNER INTERMEDIATE ADVANCED
Special Skills: STAGE COMBAT JUGGLING ACROBATICS CIRCUS CHEERLEADING GYMNASTICS
Other Skills to Note: _____

****OTHER OPPORTUNITIES:**

If not cast as a performer, would you be interested in working as the Assistant Director, Directors Assistant, Crew or Stage Manager? YES NO

If Yes, Which Preferred? _____ Previous experience _____

Before filling out the other side, please tell me anything else you would like to say _____

YOUR PREFERRED CONTACT INFO:

Mailing address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail address 1: _____ E-mail address 2: _____

Facebook: _____ Twitter: _____

Potential medical or other conditions to note: *(Are you diabetic? Asthmatic? Suffer from serious allergies? Do you suffer from any phobias we should be aware of?- THIS WILL NOT DISQUALIFY YOU FROM BEING CAST):*

Are you currently performing/rehearsing anything now? *Please note the show and schedule below:*

Are there any potential Scheduling Conflicts you're currently aware of? *(Please see our attached Rehearsal/Performance Calendar for specific dates):*

How did you hear about our auditions?

NEWSPAPER E-MAIL NOTICE OUR WEBSITE FRIEND TEACHER POSTER/FLYER RADIO OTHER

Would you like to sign up for our group's mailing list? NO YES E-MAIL MAIL ALL

EMERGENCY CONTACT:

Name: _____

Parent or Guardian Info (if Under 18): _____

Home Phone: _____ Cell Phone: _____

Relationship: _____

Doctor Name and Phone (if Applicable): _____

Thank you for your interest in our production! We appreciate your sharing your talent with us, and look forward to the opportunity to work with you.

Please Fill Out Reverse Side