

# AUDITION FORM



*Please submit this form to the director or assistant director.*

**Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

## **Emergency Contact:**

- **Name:** \_\_\_\_\_
- **Relationship:** \_\_\_\_\_
- **Phone Number:** \_\_\_\_\_

**What role(s) are you auditioning for?** \_\_\_\_\_

**Would you accept a different role from the above if offered?** \_\_\_\_\_

**List any special talents below (singing, dance experience, gymnastics, etc.):**

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**Briefly describe your theatrical experience (please list no more than 5 productions):**

<u>Production</u>	<u>Role</u>	<u>Year</u>	<u>Special Notes</u>

**Please list your dates of conflicts below. Dates of conflict do not mean that you automatically won't be cast. This is for planning purposes for the director.**

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