

Headshot attached? Y N
Resume attached? Y N

AUDITION FORM

Please complete the information below and attach a current headshot and resume.

NAME: _____

PHONE #: _____ **EMAIL:** _____

VOCAL RANGE: _____

ROLE(S) AUDITIONING FOR: _____

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

Previous theater production experience, roles, and year:

Show Title	Role	Year

Any previous training in theatre, dance, or music:

Training	Years Practiced	Teacher or School Name

Other Talents (gymnastics, tap, music, accents, stage combat, etc)

CONFLICTS

Please list any conflicts that may occur during rehearsal

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

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FOR DIRECTOR USE ONLY:

Singing:	Acting:
Dancing:	Stage Presence:

CALL BACK: YES or NO