



Audition # \_\_\_\_\_

## Audition Form

(Please print all information)

Production: \_\_\_\_\_

Today's Date: \_\_\_\_\_

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

Preferred Pronoun: He She They Ze A pronoun not listed No pronoun preference

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email (print clearly): \_\_\_\_\_

Age: \_\_\_\_\_

Height: \_\_\_\_\_

Male / Female / Other

Any known Allergies/Intolerances/Health Issues: Yes / No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Emergency contact: (Name) \_\_\_\_\_

(Phone) \_\_\_\_\_

Preferred role: \_\_\_\_\_

Will accept any role: Yes / No

Can you play an instrument? Yes / No

If yes, which one(s)? \_\_\_\_\_

Able to speak with a dialect? Yes / No

If yes, which one(s)? \_\_\_\_\_

Circle tasks you're willing to assist with:

Props

Costumes

Set

Lights

Rehearsal times will vary but are normally weekday evenings and some weekends (times to be announced by director) Please indicate any and all conflicts from today until final performance:

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Previous or recent theater roles/experience:

Show	When (mm/yy)	Theater	Position/Role
1)			
2)			
3)			
4)			
5)			

FOR DIRECTOR'S NOTES

**OFFICE USE ONLY**

Part offered: YES NO

Part: \_\_\_\_\_

Contacted date: \_\_\_\_\_