



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

Voice Classification: S1 S2 A1 A2 T1 T2 B1 B2

Dance training/experience: BALLET TAP JAZZ HIP-HOP BALLROOM
of years: _____ _____ _____ _____ _____

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:

Previous or recent theater roles/experience:

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

Please review the Social Media Consent & Liability Release.

Return Audition form with signed release form.

FOR DIRECTOR'S NOTES

OFFICE USE ONLY

Part offered: YES NO

Part: _____

Contacted date: _____