

AUDITION FORM

Name:					_	Cell:							
Email: Age: Height: Hair Color:						Please circle one: Male Female							
						Major:							
Do No	t Write	<mark>e in thi</mark>	s Box (Not	es for Direc	<mark>tor)</mark>								
										CALL	BACK	ζ	
									Yes [No [
.		4											
Measu	ıreme		1	I		T	I						
Waist	Bra	Shoe	Suit Size	Dress Size	Dress Shirt	Pants	Willing to	Cut/D	ye Hair?	Circl	e: Yes	s No	
If yes, Do you	please sing?	e list: ': yes	no '	Please circ	e: soprano	alto te	enor bass	Tat	toos? If	so, wl	nere?		
Please	list ot	her tale	ents:										
Are yo	u willir	ng to ac	ccept any ro	ole offered?	Please circ	le one	: yes		no				
If not, p	olease	list the	production	n and/or you	are audition	ning foi	:						
•		•		chnical posit ence? Pleas			Stage Mgr yes	Light	Sound no	Set	Props	Costume	
If yes,	please	e list or	attach resu	ıme									
Can yo	ou do a	any acc	ents? Ple a	se circle or	1e : yes n	o If y	es, what a	ccent	s can yo	u do?			

Please mark an X on the days and times you are **UNAVAILABLE**. Leave the slot blank if you are available.

1 -	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
8am							
9am							
10am							
11am							
12noon							
1pm							
2pm							
3pm							
4pm							
5pm							
6pm							
7pm							
8pm							
9pm							
10pm							

8pm										
9pm										
10pm										
General Con	flicts:									
ehearsals, me usually start fo	eetings, and rom 6pm-10p	performance om as needed	s. Rehearsal d, M-F and Sa	s are generall iturdays as ne	y 4-5 weeks be eeded. Actors a	am cast I will at fore production re required to p asked to cut or	rovide proper			
SIGNATURE:				DATE:						