

AUDITION FORM

Name:					Clas	Classification (Circle): FRE SOP JUN SEN							
Email: Cell:						Please circle one: Male Female							
						:	Height: _		Hair Co	lor:			
Major:													
Do Not	Write	in thi	s Box (No	tes for Direc	<mark>tor)</mark>								
									CALLBACK				
									Yes		No		
Measu	remer	nts							-				
Waist	Bra	Shoe	Suit Size	Dress Size	Dress Shirt	Pants	Willing	to Cut/D	ye Hair?	Circl	e: Yes	s No	
lf yes, բ Do you	olease sing?	e list: :: yes	no '	Please circ	e: soprano				no ttoos? If	so, w	here?		
•		_		ole offered? n and/or you			-		no				
Do you	have	any ac	ting experi	chnical posit ence? Pleas	se circle on	e:	Stage Mgr yes	-	Sound no	Set	Props	Costume	
If yes, p	olease	list or	attach resu	ıme									
Can yo	u do a	any acc	ents? Plea	se circle or	1e : yes n	o If y	es, what	accent	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.

		Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
	8am							
	9am							
	10am							
	11am							
	12noon							
	1pm							
	2pm							
	3pm							
	4pm							
	5pm							
	6pm							
	7pm							
	8pm							
	9pm							
	10pm							
C	General Co	onflicts:						
r u	ehearsals, ı ısually start	meetings, an : from 6pm-1	d performand 0pm as neede	es. Rehears ed, M-F and S	als are genera Saturdays as i	illy 4-5 week needed. Acto	s before produc ors are required	ill attend all required ction date, and will to provide proper t or dye my hair.

DATE: _____

Revised by Dr. Nadia Bodie-Smith Coordinator of Theatre Studies 8/19/2017

SIGNATURE: _____