

Standard Audition Form

Name: _____

Age: _____ Height: _____ Weight: _____

Phone: _____ Email: _____

Address: _____

Parent/Guardian Name(s): _____

How did you learn of this audition: (newspaper/radio/website/flyer/friend, etc.): _____

Previous theatre experience: _____

Special skills or Talents (dancing, singing, musical instrument, etc.): _____

Would you accept any Role given to you? If not, please specify which role (s) you are solely interested in:

If cast, would you be willing to color your hair? _____

Would your Parent/Guardian/Spouse be willing to help backstage or with costumes? _____

Do you have any scheduling conflicts (including weekends) between now and opening night performance?

Anything else the Director should know about? _____
