

Audition Form

Audition # _____



Name _____

Address _____ City _____

Zip Code _____ Home phone _____ Cell Phone _____

Email _____ Age _____ Height _____ Male _____ Female _____

Are you auditioning for a particular role? Yes No If so, which one?
 1st choice _____ 2nd choice _____ Accept any role Yes No

Would you accept a part with few or no lines? Yes No

Would you be willing to play multiple parts? Yes No

Would you be in the ensemble or choir? Yes No

Are you interested in helping with off-stage opportunities, such as designing and building sets, costumes, publicity, lighting, props, contacting local businesses, etc?

If yes, indicate which: _____

Previous Acting/Singing/Performing Experience (use back of page to list more)

Please list your recent acting or performing experience below (continue on back if necessary) or attach a résumé.

Year _____ Show Name _____ Role _____

Year _____ Show Name _____ Role _____

What special talents do you have? (e.g., instrument, tap dance, sing, etc.) _____

Formal training Yes ___ No ___

How did you hear about this audition? Check all that apply

- Lake Eufaula Playhouse Website
- Facebook
- Flyer, where _____
- E-mail notice from Lake Eufaula Playhouse
- Word of mouth
- Newspaper, which one _____
- Other (please specify _____)

Thank you – this helps us know where to focus our advertising

