AUDITION FORM

Please complete and hand in at audition with your photo and resume.



GENERAL INFORMATION

Name (as it would appear in the program):				
Address_				
City:			State:Zip Code	e:
Home Pho	one:		Cell Phone:	
Email:		·		
Parent's	Name(s) (Minor's O	nly):		·
Parent's	Cell Phone (Minor's	Only):		
Parent's	Email (Minor's Only	'):		
Birthdate	:	Age: Grad	de: Height:	_ Weight:
Sex: M or F Voice Type:				
Show Auditioning: Annie Shrek The Wizard of Oz				
PREVIOUS ACTING/DANCING/SINGING/THEATRE EXPERIENCE AND FORMAL TRAINING				
	attached: Y or N F r not on resume)	revious Experier	nce: (Additional space ava	ilable on back if
Year	Show	Role	Organization/School	Director

Year	Show	Role	Organization/School	Director

Formal Training: Please specify if not on resume: types, years, instructors, and school.

Type of Training	Years	Instructor	School

List any roles you are interested in:		

Are you willing to be in the ensemble? Y or N Please note: If "N" is selected you will not be considered for an understudy role.

Would you like to be notified of future auditions? Y N

ADDITIONAL THEATRE EXPERIENCE (if needed and not on resume)

Year	Show	Role	Organization/School	Director

REHEARSAL/PERFORMANCE CONFLICTS —

PLEASE LIST ALL CONFLICTS YOU HAVE FOR REHEARSALS AND/OR PERFORMANCES AND WHETHER THEY ARE FLEXIBLE OR NOT (schedule will be provided at your audition)

Please note: Performance Conflicts will affect our ability to cast you in certain key roles.

DATE	CONFLICT	FLEXIBLE (YES) (NO)