AUDITION FORM (2011)

Please fill out as much of the requested information below as possible, or circle the appropriate choice where applicable.

Full Name: _________________________________________________________________

Age: ___________ Height: ___________ Weight: ___________

Eyes: ___________ Hair: ___________ Sex: MALE  FEMALE

Home Phone: ___________________________ Cell Phone: _________________________

NOTABLE PREVIOUS PERFORMANCE EXPERIENCE OR ROLES:

__________________________________________________________________________

COMPANY ____________________ YEAR ___________

__________________________________________________________________________

COMPANY ____________________ YEAR ___________

__________________________________________________________________________

COMPANY ____________________ YEAR ___________

__________________________________________________________________________

COMPANY ____________________ YEAR ___________

Role You’re Auditioning for (1st Choice):

(2nd Choice): ______________________________________________________________

(3rd Choice): ______________________________________________________________

Would you consider other roles? YES  NO  Would you consider playing a role of the opposite sex? YES  NO

Would you accept an ensemble role? YES  NO  Are you willing to play an understudy? YES  NO

MUSIC AND DANCE TRAINING:

Can you read music? YES  NO  Singing ability: NONE  AMATEUR  TRAINED (_______YEARS)

Voice: BASS  TENOR  BARITONE  ALTO  SOPRANO  Skill: BEGINNER  INTERMEDIATE  ADVANCED

Instruments you play: ___________________________  Skill: BEGINNER  INTERMEDIATE  ADVANCED

DANCE/MOVEMENT: BALLET  TAP  JAZZ  CONTEMP/MODERN  HIP-HOP  BALLROOM  OTHER

Style (if Other): ___________________________  # of Years: ______   Skill Level: BEGINNER  INTERMEDIATE  ADVANCED

Special Skills: STAGE COMBAT  JUGGLING  ACROBATICS  CIRCUS  CHEERLEADING  GYMNASTICS

Other Skills to Note: __________________________________________________________________________

OTHER OPPORTUNITIES WITH US:

If not cast as a performer, would you be interested in working as crew or stage manager? YES  NO

Other Applicable Skills: STAGE MANAGEMENT  LIGHTBOARD  SPOTLIGHT  SPECIAL EFFECTS

RIGGING/FLYING  PROPS  SEWING/COSTUMES  SET BUILDING  SET PAINTING

FRONT OF HOUSE  PUBLIC RELATIONS  PHOTOGRAPHY  PUPPETRY  CHOREOGRAPHY
YOUR PREFERRED CONTACT INFO:

Full Name: ________________________________________________________________

Mailing address: _____________________________________________________________

City, State, Zip: ____________________________________________________________

Home Phone: ___________________________ Cell Phone: __________________________

E-mail address 1: ___________________________ E-mail address 2: _______________________

Facebook: ___________________________ Twitter: ___________________________

Potential medical or other conditions to note: (Are you diabetic? Asthmatic? Suffer from serious allergies? Do you suffer from any phobias we should be aware of?):

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Are you currently performing/rehearsing anything now? Please note the show and schedule below:

______________________________________________________________________________

______________________________________________________________________________

Are there any potential Scheduling Conflicts you’re currently aware of? (Please see our attached Rehearsal/Performance Calendar for specific dates):

______________________________________________________________________________

______________________________________________________________________________

How did you hear about our auditions?

NEWSPAPER  E-MAIL NOTICE  OUR WEBSITE  FRIEND  TEACHER  INDUSTRY MAG/WEBSITE  OTHER

Would you like to sign up for our group’s mailing list?  NO  YES  E-MAIL  MAIL  ALL

EMERGENCY CONTACT:

Name: ________________________________________________________________

Parent or Guardian Info (if Under 18): ________________________________________________

Home Phone: ___________________________ Cell Phone: __________________________

Relationship: ______________________________________________________________

Doctor Name and Phone (if Applicable): ____________________________________________

Thank you for your interest in our production! We appreciate your sharing your talent with us, and look forward to the opportunity to work with you.