



AUDITION FORM

PLEASE PRINT NEATLY

LAST NAME: _____ FIRST NAME: _____

NAME OF PARENT/GUARDIAN (if under 18): _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ POSTAL CODE: _____

TELEPHONE: _____ E-MAIL: _____

LIST ANY SPECIFIC PART(S) FOR WHICH YOU WOULD LIKE TO BE CONSIDERED:

WOULD YOU ACCEPT ANOTHER PART? YES NO

THEATRICAL & PERFORMANCE EXPERIENCE

(IF YOU HAVE A RESUME AND/OR PHOTO, YOU MAY INCLUDE IT WITH THIS FORM)

PLEASE LIST MOST RECENT EXPERIENCE FIRST:

PLEASE LIST ANY CONFLICTS YOU MAY HAVE DURING THE REHEARSAL/PRODUCTION PERIOD:

PLEASE SELECT ANY OTHER AREAS IN WHICH YOU (OR A PARENT) ARE INTERESTED IN HELPING:

- | | |
|--|--|
| SET DEVELOPMENT <input type="checkbox"/> | STAGE MANAGEMENT <input type="checkbox"/> |
| FRONT OF HOUSE/BOX OFFICE <input type="checkbox"/> | SOUND <input type="checkbox"/> |
| LIGHTS <input type="checkbox"/> | CONCESSIONS <input type="checkbox"/> |
| COSTUME DEVELOPMENT <input type="checkbox"/> | PRODUCTION OPERATIONS <input type="checkbox"/> |
| COSMETICS <input type="checkbox"/> | OTHER <input type="checkbox"/> |

IF OTHER, PLEASE SPECIFY: _____