

## Audition Information

Name: \_\_\_\_\_

Age Range: \_\_\_\_\_

Address: \_\_\_\_\_

Ht: \_\_\_\_\_

\_\_\_\_\_

Hair Color: \_\_\_\_\_

Local Phone: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_

E-mail: \_\_\_\_\_

Do you know the role you would like to audition for? Who? \_\_\_\_\_

Would you accept a different role? Yes No

Do you understand that, if cast you are making a commitment from now until the production ends and that you will be responsible for attending and being prepared for rehearsals? \_\_\_\_\_

Are you interested in helping Backstage? Please circle choice: Assistant Directing  
Stage Management    Publicity    Lights    Sets    Costumes    Sound    Make-up

Please list prior Theatre experience (Productions: where and role, classes, backstage, etc.)

(Use back of paper if needed)

Please fill in schedule below for when you are **NOT** available. Please add any other commitments.

|            | Monday | Tuesday | Wednesday | Thursday | Friday |            | Saturday | Sunday |
|------------|--------|---------|-----------|----------|--------|------------|----------|--------|
|            |        |         |           |          |        | 1:00-5:00  |          |        |
| 7:00-10:00 |        |         |           |          |        | 7:00-10:00 |          |        |

Do not write below this line.