



Audition Form

Name: _____

Address: _____

Postal Code: _____

Phone: _____ (Home)

_____ (Work)

_____ (Cell)

Email: _____

Do you belong to any unions (Equity, Actra, etc)?: _____

Name of Song Prepared (if applicable): _____

Are you a dancer? **Yes / No** If so, what skill level? _____

Do you play a musical instrument? **Yes / No** If so, which one(s)? _____

Do you have any other unique skills? (i.e. juggling, baton twirling, acrobatics, etc.) **Yes / No**

If so, which skills do you possess? _____

Can you do an accent? **Yes / No** If so, which one(s)? _____

History: (list most recent first)

Play / Production	Theatre Group	Role	Date(s)
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Would you be willing to lend support in other areas of the production (lighting, crew, sound): **Yes / No**

If so, which area(s)? _____

Where did you hear about auditions? (Please give specific names/locations)

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