



Audition Form

Please complete the information below. Attach this form to your resume, headshot and detailed conflict calendar sheet.

Actor's Name: _____

Parent Name: _____

Actor's Phone: _____

Email addresses for all communication for this project (please print clearly and double check the correct address is given):

Address: _____

City: _____ Zip: _____

Parent Phone: _____ Actor's Age: _____

Vocal Training? If Yes, how many years: _____, Instructor _____

Special skills? (Dance, accents, martial arts, etc...) _____

Which roles interest you the most?

Are you willing to accept any role? Yes: _____ No: _____

Are you willing to play a role of the opposite gender? Yes: _____ No: _____

Is actor currently (or soon to be), in another show which overlaps with this production in anyway? Yes _____ No _____ (if yes, which show and dates?)

Director notes: CONFLICTS.

Please note that an actor's availability will play a key role in casting. We will honor the conflicts that you provide to us during auditions. Once cast however, it is important to our rehearsal process that no additional conflicts result in an absence. Please make sure we have noted all of your out-dates at this time. If additional conflicts are requested and taken during the rehearsal process, the director may choose to remove the actor from scenes worked on in their absence. Thank you for your understanding.

Actor signature: _____

Parent signature (if actor is under 18): _____