



Audition Number

Director Use Only

AUDITION FORM

Name: _____ Age: _____ M/F: _____

Address: _____

T-shirt size: YS YM YL AS AM AL AXL AXXL AXXXL

E-mail: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Role(s) for which you are auditioning: _____

If I am not offered the role for which I am auditioning, I would consider accepting another role. YES NO

If I am not offered the role for which I am auditioning, I would like to help with the production in another way. YES NO

I understand in accepting a role, I am obligated to help with set build and strike. YES NO

ACT has permission to use my name and photographs for publicity purposes. YES NO

I will consider alterations of my appearance if necessary (hair cut/color, facial hair, removal of piercings, covering tattoos). YES NO

If auditioning for a musical, do you have dancing experience? YES NO

If auditioning for a musical, what is your vocal range? _____

What other skills do you think might be useful in this production? (Ex: stage combat, juggling, gymnastics)

On the reverse side of this paper, please list your THREE most recent roles (if applicable). Include production, character, date, and venue. In addition, list any conflicts you have between now and close of the show.

Name _____

THREE most recent roles (if applicable)

Production: _____

Character: _____

Date: _____

Venue: _____

Production: _____

Character: _____

Date: _____

Venue: _____

Production: _____

Character: _____

Date: _____

Venue: _____

Conflicts

Other information (Optional/If needed)

