



OPEN AUDITIONS 2016/17 SEASON

Please fill out as much of the requested information below as possible, where applicable.

Full Name (as it might appear in our program): _____
Age: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____ Gender: MALE FEMALE
Home Phone: _____ Cell Phone: _____
Email: _____ Facebook/Twitter: _____

NOTABLE PREVIOUS PERFORMANCE EXPERIENCE OR ROLES:

_____ COMPANY _____ YEAR _____
_____ COMPANY _____ YEAR _____
_____ COMPANY _____ YEAR _____
_____ COMPANY _____ YEAR _____

Availability (Months and Times):

Types of Role(s) you are auditioning for: _____

Would you:

Consider other roles? YES NO Play an understudy? YES NO
Accept an ensemble role? YES NO Accept a role of the opposite gender? YES NO
If not cast as a performer, would you be interested in working in another area? YES NO

Special Skills: STAGE COMBAT JUGGLING ACROBATICS CIRCUS CHEERLEADING
DANCE GYMNASTICS OTHER (please describe): _____

OTHER PRODUCTION EXPERIENCE/INTEREST:

STAGE MANAGEMENT LIGHTBOARD SPOTLIGHT SPECIAL EFFECTS PROPS
SEWING/COSTUMES BUILDING PAINTING FRONT OF HOUSE PHOTOGRAPHY
PR PUPPETRY CHOREOGRAPHY OTHER (please describe): _____

Potential medical or other conditions to note (Diabetic? Asthmatic? Suffer from serious allergies? Do you suffer from any phobias we should be aware of?):

Are you currently performing/rehearsing anything now? Please note the show and schedule below:

Are there any potential Scheduling Conflicts you're currently aware of?

PARENT/GUARDIAN PERMISSION (if under 18):

Name: _____

Home Phone: _____ Cell Phone: _____ Relationship: _____

Signature: _____

Thank you for your interest in our productions! We appreciate your sharing your talent with us, and look forward to the opportunity to work with you.

AUDITION NOTES (Office Use Only)