



AUDITION FORM

TODAYS DATE _____

PRODUCTION _____ PRODUCTION DATES _____

NAME _____	
ADDRESS _____	
PHONE _____	CELL PHONE _____
E-MAIL ADDRESS _____	
(Circle One) MALE	FEMALE
AGE _____	HEIGHT _____

DO YOU WEAR GLASSES? _____ CAN YOU GO WITHOUT OR WEAR CONTACTS FOR STAGE? _____

FOR WHAT PART ARE YOU AUDITIONING? _____

ARE YOU WILLING TO CHANGE YOUR HAIR COLOR / CUT? _____

WOULD YOU BE WILLING TO HELP WITH ANY OTHER PART OF THE PRODUCTION? _____

- | | | | |
|-----------------------------------|---|---|-------------------------------------|
| <input type="checkbox"/> COSTUMES | <input type="checkbox"/> SET CONSTRUCTION | <input type="checkbox"/> STRIKE OF THE SHOW | <input type="checkbox"/> STAGE CREW |
| <input type="checkbox"/> MAKE-UP | <input type="checkbox"/> SET DECORATION | <input type="checkbox"/> PROPS | <input type="checkbox"/> HAIR |

PLEASE LIST YOUR **ON STAGE** THEATRICAL EXPERIENCE (OR ATTACH RESUME)

YEAR _____ SHOW / PRODUCED BY (Example: CHICAGO / Masquers) _____ PART _____

WHAT IS YOUR **BACK STAGE** THEATRICAL EXPERIENCE? (Example: Make-up / Props / Stage Crew)
