

# Actor Audition Form

Name \_\_\_\_\_ Male Female

Address \_\_\_\_\_ City \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Best Time to Contact \_\_\_\_\_

Children Only: Age \_\_\_\_\_ Grade \_\_\_\_\_

Vocal Type/Range (musicals only) \_\_\_\_\_

Height \_\_\_\_\_ Hair Color \_\_\_\_\_ Are you willing to dye or cut your hair? Yes No

Specific role(s) you are auditioning for: \_\_\_\_\_

Will you accept any other role(s) besides the role(s) you listed? Yes No

If you don't get a part, would you like to help out in other ways? Yes No

Are you auditioning with a partner? Yes No Partner's Name \_\_\_\_\_

Will you accept a part if your partner does not receive a part? Yes No

Theatrical Experience: May use back if necessary

<u>Show</u>	<u>Role</u>	<u>Theater</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list all known conflicts.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you learn about our auditions? \_\_\_ ACT email \_\_\_ ACT website \_\_\_ ACT Facebook  
\_\_\_ Web search \_\_\_ Paper \_\_\_ Personal Inquiry \_\_\_ Other (specify) \_\_\_\_\_

Would you like to be added to our mailing list to keep current on our events? Yes No