

Actor Audition Form

Name _____

Male ___ Female ___ Other (please self-identity) _____ Prefer not to answer ___

Age if under 21 _____ Grade _____

Address _____ City _____

Phone _____ Email _____

Best Time to Contact _____

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 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 you have between today and the end of the show's run.

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

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