

Actor Audition



Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail _____ Other Contact(s) _____

Home Address _____ City _____ State _____ Zip _____

Height _____ Hair Color _____ Vocal type/range _____

Open to any role Specific role(s) you are auditioning for: _____

Will you accept any other role besides the roles listed above? Yes No

Musical theater/voice training:

Theatrical Experience:

Show	Role	Year	Theatre

Besides performing in this show, other areas of interest in theatre for future involvement:

Please list, on the back of this sheet, **all known conflicts**.

Many employers provide a contribution to us for the volunteer hours worked by employees. Please list your employer if you would like for us to check it out. We received well over \$1,000 in company contributions last year through these programs. Your employer: