

AUDITION FORM

All Together Now!

Please fill out as much of the requested information below as possible, or

circle the appropriate choice where applicable

Full Name: _____

Age: _____ Height: _____ Weight: _____

Eyes: _____ Hair: _____ Sex: MALE FEMALE

Home Phone: _____ Cell Phone: _____

NOTABLE PREVIOUS PERFORMANCE EXPERIENCE OR ROLES:

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

Would you consider playing a role of the opposite sex? YES NO

Would you accept an ensemble role? YES NO

MUSIC AND DANCE TRAINING:

Can you read music? YES NO **Singing ability:** NONE AMATEUR TRAINED (_____ YEARS)

Voice: BASS TENOR BARITONE ALTO SOPRANO **Skill:** BEGINNER INTERMEDIATE ADVANCED

Instruments you play: _____ **Skill:** BEGINNER INTERMEDIATE

ADVANCED

DANCE/MOVEMENT: BALLET TAP JAZZ CONTEMP/MODERN HIP-HOP BALLROOM OTHER

Style (if Other): _____ **# of Years:** _____ **Skill Level:** BEGINNER INTERMEDIATE

ADVANCED **Special Skills:** STAGE COMBAT JUGGLING ACROBATICS CIRCUS CHEERLEADING

GYMNASTICS

Other Skills to Note: _____

OTHER OPPORTUNITIES WITH US:

If not cast as a performer, would you be interested in working as crew or stage manager? YES NO

Other Applicable Skills: STAGE MANAGEMENT LIGHTBOARD SPOTLIGHT SPECIAL EFFECTS

RIGGING/FLYING PROPS SEWING/COSTUMES SET BUILDING SET PAINTING

FRONT OF HOUSE PUBLIC RELATIONS PHOTOGRAPHY PUPPETRY CHOREOGRAPHY

YOUR PREFERRED CONTACT INFO:

Full Name: _____

Mailing address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail address 1: _____ E-mail address 2: _____

Facebook: _____ Twitter: _____

Potential medical or other conditions to note: *(Are you 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? *(Please see our attached Rehearsal/Performance Calendar for specific dates):*

How did you hear about our auditions?

NEWSPAPER E-MAIL NOTICE OUR WEBSITE FRIEND TEACHER INDUSTRY MAG/WEBSITE OTHER

Would you like to sign up for our group's mailing list? NO YES E-MAIL MAIL ALL

EMERGENCY CONTACT:

Name: _____

Parent or Guardian Info (if Under 18): _____

Home Phone: _____ Cell Phone: _____

Relationship: _____

Doctor Name and Phone (if Applicable): _____

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