Audition Form

Production: _____

Are you willing to accept ANY role? _____ Role Preferences: _____

Name: _____ Gender: _____
(Last} (First) (Middle)

Age: _____ Height: _____ Weight: _____ Hair Color: _____

Address: _____
(Street / Apt. #) (City) (Zip)

Phone(s): _____
(Home) (Work) (Other:)

Email Address: _____

Are you able to insure reliable transportation to and from all rehearsals and performances? ____

Some roles may dictate that an actor change his/her appearance. If the role requires would you:

Cut / grow hair: _____ Dye Hair: _____ Men: cut / grow Beard or Moustache: _____

Please provide the following information, if applicable, and if answers are accurate.

Pierced Ears? _____ Tattoos? If so, where? _____

Pants size: (waist/inseam) _____ Suit size: _____

Shirt size: _____Dress size: _____