



Name: _____ Height: _____

Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: _____ Evening Phone: _____

Email Address: _____

Vocal Range (musical only): Soprano - Alto - Tenor - Baritone - Bass

Are you auditioning for a particular part? If so, which one?: _____

Would you accept a part with few or no lines?: _____

Would you be willing to play multiple parts?: _____

What special talents do you have? (i.e. play piano, juggle, etc.): _____

Are you interested in helping with off-stage opportunities, such as designing and building sets, costumes, publicity, lighting, props, contacting local businesses, etc? (Circle your answer) YES - NO

If yes, indicate which: _____

Please list all conflicts you have between now and the performance dates:

Circle the times you **would** be able to rehearse: Weekday evenings - Saturday mornings - Saturday afternoons
Sunday afternoons - Sunday evenings

Earliest starting time on weekday evenings: _____

Latest ending time on weekday evenings: _____

Previous Acting/ Singing/ Performing Experience: Please list your recent acting or performing experience on the back of this form or attach a resume.