

Audition Information Form

Please complete & hand in at audition with your résumé (if you have one) and photo (required).

Name of Production:				
Name: Preferred Name:				
Email: Mobile Number:				
Height: Age:	Age: Preferred Gender:			
Vocal Type (if applicable):				
For which role are you audition	ning?			
Wil you accept any role offere	ed? YES	NO	IT DEPENDS	;
Previous Acting / Dancing / S this form, if needed):	inging / Theatre	Experience / Fo	ormal Training (µ	please use the back of
☐ Check if résumé is attache	d.			
Please list all conflicts you have during the show's run, through strike after the last show:				
In the event you are not cast, capacity? If so, please check	•	terested in joinii	ng the productio	on in another
Lighting	Sound	Set Con	struction	Costumes
Stage Crew	Make-up	Advertis	Advertising/Publicity	
Would you like to be added to	? YES	NO	ALREADY ON IT	
How did you hear about us?_				