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: