Audition Number:
(CFRT only)

Audition Form

Photo (You may attach a small headshot here or attach a larger one as a separate item.)

Name:_____ Age:_____

Home Number:_____ Cell Number:_____

Home Address:_____
(include city and zip code)

Email Address:_____

Height:_____ Weight:_____ Eyes:_____ Hair Color:_____

Vocal Range? _____ Can you sight-read?

Do you play an instrument? ☐ Yes ☐ No If yes, what and for how long? _____
_____

Performance Experience:

Name of Show	Name of Character	Production Group	Year

Continue on back if necessary

Additional Training/Education:_____
_____
_____

Special Skills:_____

Role(s) You Prefer:_____

Will you accept <u>any</u> role: ☐ Yes ☐ No _____ Will you understudy: ☐ Yes ☐ No _____

Will you cut/grow as much hair as needed? ☐ Yes ☐ No _____

Will you grow/remove facial hair as needed? ☐ Yes ☐ No _____

Will you color rinse your hair? ☐ Yes ☐ No _____

If not cast, would you be willing or interested in working on stage crew? ☐ Yes ☐ No _____

<u>Please list all conflicts -- include work and weekends -- between January 30th and March 4th.</u>
<u>(Continue on back if necessary.)</u>