

Audition Form

Audition Number
(CFRT Use):

NAME

ADDRESS

PRIMARY PHONE NUMBER

EMAIL ADDRESS

SHOW(S) YOU ARE AUDITIONING FOR:

ROLE(S) YOU PREFER

Are you a member of Actors' Equity Association? Yes | No

Will you accept ANY role? Yes | No

Will you understudy? Yes | No

Will you require housing? Yes | No

Will you require transportation to the theatre? Yes | No

Conflict Information:

Please fill out the table below based on your "typical" weekly schedule- i.e., for rehearsals, what time each "typical" day can you arrive, and must leave, the theatre?

| | MON | TUE | WED | THURS | FRI | SAT | SUN |
|------------|-----|-----|-----|-------|-----|-----|-----|
| ARRIVE BY: | | | | | | | |
| LEAVE BY: | | | | | | | |

Performance Experience (only needed if you do not have a resume)

| Name of Show | Name of Character | Organization | Year |
|--------------|-------------------|--------------|------|
| | | | |
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Additional Training, Education, Special Skills, or Interest in Other Areas of Theatre:

Notes (CFRT Use):

Are you currently fully vaccinated against COVID-19? Yes | No

Will you be fully vaccinated against COVID-19 when rehearsals begin? Yes | No