

Audition Form

Audition Number
(CFRT Use):

NAME

SHOW(S) YOU ARE AUDITIONING FOR:

ADDRESS

ROLE(S) YOU PREFER

PRIMARY PHONE NUMBER

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

Will you accept ANY role? Yes | No

Will you understudy? Yes | No

EMAIL ADDRESS

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

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

If your child is below 18, are you planning to get them vaccinated when available for their age range? Yes | No

Do you/your child have a medical mask exemption? Yes | No