



1209 Hay St. Fayetteville, NC 28305  
910.323.4233 (Box Office Phone)  
910.323.4234 (Business Phone)  
www.CFRT.org

AUDITION #:  
(CFRT USE)

# AUDITION FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SHOW TITLE: \_\_\_\_\_

ROLE(S) PREFERRED: \_\_\_\_\_

**Circle YES or NO:**

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

Will you accept ANY role? Yes | No

Will you require housing? Yes | No

**Performance Information (only needed if you do not have a resume):**

Name of Show	Role(s)	Organization	Year

**Additional Training, Education, Special Skills, or Interest in Other Areas of Theatre:**

\_\_\_\_\_  
\_\_\_\_\_

*Please note: Most roles at CFRT include understudy assignments. By initialing, you acknowledge that if you are offered a role, you are willing to understudy. By not initialing, you may be removed from consideration for the show. Initial here: \_\_\_\_\_*