



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

AUDITION #:
(CFRT USE)

CFRT 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

CFRT has limited housing for performers living out of stage. Please circle your housing preferences:

I require housing.

I prefer housing.

I do not require housing!

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

Name of Show	Role(s)	Organization	Year

CFRT Notes:

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: _____