CFRT
GREAT STORIES TOLD HERE est. 1962
CAPE FEAR REGIONAL THEATRE

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: _____

**LOCAL YOUTH: PLEASE WRITE PARENT CONTACT INFO ABOVE. PARENT NAME:* _____

Circle ONE:

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

Do you have a valid driver's license OR reliable transportation plan to the theatre? Yes | No

Will you require housing? Yes | No | If Available

Will you accept ANY role? Yes | No

Additional comments on this section: _____

_____

_____

NEW THIS YEAR FOR LOCAL ACTORS:

We are adding a limited rehearsal, part-time ensemble track to accommodate daytime work schedules. This new track will typically rehearse 6-10pm on Tues-Fri and full days on Sat-Sun, with a max of 30 hours per week. Traditionally, actors at CFRT are called for 40 hours a week with a max of 42 hours. Please denote what track type you would prefer to be considered for:

Circle One: Part-Time | Either | Full-Time

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

_____

_____

Please note: Most roles at CFRT include understudy assignments. By initialing, you knowledge 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: _____