



AUDITION FORM

Please download and fill out this form. Check your audition packet for instructions on where and how to return it, otherwise, bring this with you to auditions.

Name:

Auditioning for the role(s) of:

Will you accept another role if offered? (Yes/No):

Personal Information

Pronouns: (she/her, he/him, they/them, other):

Age:

Height:

Are you willing to change your hair/facial hair?

Contact Information

Email:

Phone:

Can you receive texts at this number? (Yes/No):

If No, do you have a phone number that can receive text messages?

We do some group communication on Facebook. If you're a Facebook user, let us know what name to find you under:

Schedule conflicts (please list general work hours/school hours, planned vacations, etc. This will help determine rehearsal schedules):

Previous Acting Experience (you may include a resume instead):

Special skills (accents, etc.):

How did you hear about these auditions?

COVID-19 Risk Assessment

Disclosure is not required, but strongly recommended. Please feel free to explain beyond a yes/no, if you feel the information is applicable.

What is your COVID-19 exposure risk, on a scale of 1-10, with 1 being a low exposure risk, and 10 being high exposure risk?

Are you currently working from home or in person?

Are you currently attending school online or in person classes?

Do you have someone you live with who is at a higher risk of exposure?

Are you comfortable with wearing a mask for the majority of in-person rehearsals?

Are you comfortable with performing unmasked to limited live audiences, provided precautions are taken?

Would you be willing to have a COVID Test(s) to ensure the safety of the cast, crew and audience?

Have you received a COVID-19 vaccine? (circle one, or write in)

Yes

No

Prefer Not To Disclose