

# **AUDITION FORM**

Please download and fill out this form (both pages). 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):

Would you accept an understudy role or double-cast role if offered?

## Personal Information

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

Age:

Height:

**(For Musicals only)** Vocal Range (soprano, tenor, etc. or note range):

**(For Musicals only)** Can you read sheet music?

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):

**Are you comfortable with performing scenes requiring physical intimacy (stage kissing, touching, etc.) with either same or opposite/other gender scene partners?** If you have specific boundaries, please let us know.

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.*

Are you comfortable with wearing a mask for in-person rehearsals if needed?

Are you comfortable with performing unmasked to live audiences?

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