



## 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?

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### 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?

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### 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:

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**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