

Theatre 121 Audition Form



Please fill out as much of the requested information below as possible.

NAME: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____ Are you on FB: YES NO

Which phone number is the best to reach you at and at what time(s)? _____

Age: _____ Height: _____ Eyes: _____ Hair: _____

Pronouns: She/Her ___ He/Him ___ They/Them ___

NOTABLE PREVIOUS PERFORMANCE/ROLES OR PLEASE ATTACH RESUME:

_____	COMPANY	YEAR
_____	COMPANY	YEAR
_____	COMPANY	YEAR
_____	COMPANY	YEAR
_____	COMPANY	YEAR

ROLE YOU ARE AUDITIONING FOR:

(1st Choice): _____ (2nd Choice): _____ (3rd Choice): _____

Would you consider other roles, even ensemble? YES NO Are you willing to play an understudy? YES NO

Are there any potential Scheduling Conflicts you're currently aware of? _____

MUSIC AND DANCE TRAINING: (Circle all that apply)

Can you read music? YES NO Singing ability: NONE AMATEUR TRAINED (_____YEARS)

Voice: BASS TENOR BARITONE ALTO SOPRANO Skill: BEGINNER INTERMEDIATE ADVANCED

Instruments you play: _____ Skill: BEGINNER INTERMEDIATE ADVANCED

DANCE/MOVEMENT: BALLET TAP JAZZ CONTEMP/MODERN HIP-HOP BALLROOM OTHER

Style (if Other): _____ # of Years: _____ Skill Level: BEGINNER INTERMEDIATE ADVANCED

SPECIAL SKILLS: STAGE COMBAT JUGGLING ACROBATICS CIRCUS CHEERLEADING GYMNASTICS

OTHER SKILLS TO NOTE: _____

OTHER OPPORTUNITIES WITH US:

If not cast as a performer, would you be interested in working behind the scenes such as stage crew? YES NO

OTHER APPLICABLE SKILLS: (Circle all that apply) STAGE MANAGEMENT LIGHTBOARD SPOTLIGHT

SPECIAL EFFECTS RIGGING/FLYING PROPS SEWING/COSTUMES SET BUILDING SET PAINTING

PUBLIC RELATIONS PHOTOGRAPHY PUPPETRY CHOREOGRAPHY

HOW DID YOU HEAR ABOUT THE AUDITION? (Circle all that apply)

NEWSPAPER E-MAIL NOTICE FB PAGE FRIEND TEACHER INDUSTRY MAG/WEBSITE OTHER

Would you like to sign up for Theatre 121's e-mail list to be kept up on current happenings? NO YES

EMERGENCY CONTACT:

NAME: _____

PARENT OR GUARDIAN INFO: (if Under 18): _____

HOME PHONE: _____ Cell Phone: _____

RELATIONSHIP: _____

DOCTOR NAME and PHONE NUMBER (if Applicable): _____

Potential medical or other conditions to note: (Are you diabetic? Asthmatic? Suffer from serious allergies?

Do you suffer from any phobias we should be aware of?): _____

Theatre 121 thanks you for your interest in our production! We appreciate you sharing your talents with us, and look forward to the opportunity to work with you.