

Theatre 121 Audition Form



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

NAME: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ E-MAIL ADDRESS: _____

Are you on FB: YES NO What is the best time to reach you? _____

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: **Please Circle:** **CHILD** **ADULT**

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

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

PLEASE LIST CONFLICTS- ALL TECH, DRESS , AND PERFORMANCES ARE REQUIRED _____

VOCAL 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

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): _____

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?): _____

Are there any accessibility accommodations you need to make working with Theatre 121 possible?

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.