

## 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: \_\_\_\_\_

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

Age: 18+ or 21+ Height: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

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

Are you comfortable with kissing, touching, or other intimacy acts: Yes / No

All intimacy will follow the consent-driven methods of Theatrical Intimacy Education guidelines.

**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? YES NO      Would you consider an ensemble role? YES NO

Are you willing to play an understudy? YES NO

**Please list all scheduling conflicts you are currently aware of:**

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Please let us know if you would be willing to grow facial hair \*if applicable? (Please circle one) YES NO

MOVEMENT EXPERIENCE: \_\_\_\_\_

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 LIGHT BOARD 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)**

INSTAGRAM EMAIL NOTICE FB PAGE FRIEND TEACHER WEBSITE OTHER \_\_\_\_\_

Would you like to sign up for Theatre 121's email 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): \_\_\_\_\_

**So that we can make any reasonable adjustments, please list any physical limitations or medical conditions you would like us to 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.