

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: _____

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.