

AUDITION FORM

Please fill out as much of the requested information below as possible, or **circle** the appropriate choice where applicable

ATTACH
PHOTO
HERE

Full Name: _____

Age: _____ Height: _____ Weight: _____

Eyes: _____ Hair: _____ Sex: MALE FEMALE

Home Phone: _____ Cell Phone: _____

NOTABLE PREVIOUS PERFORMANCE EXPERIENCE OR ROLES:

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

Role You're Auditioning for (1st Choice): _____

(2nd Choice): _____ **(3rd Choice):** _____

Would you consider other roles? YES NO **Would you consider playing a role of the opposite sex?** YES NO

Would you accept an ensemble role? YES NO **Are you willing to play an understudy?** YES NO

MUSIC AND DANCE TRAINING:

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 as crew or stage manager? YES NO

Other Applicable Skills: STAGE MANAGEMENT LIGHTBOARD SPOTLIGHT SPECIAL EFFECTS

RIGGING/FLYING PROPS SEWING/COSTUMES SET BUILDING SET PAINTING

FRONT OF HOUSE PUBLIC RELATIONS PHOTOGRAPHY PUPPETRY CHOREOGRAPHY

YOUR PREFERRED CONTACT INFO:

Full Name: _____

Mailing address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail address 1: _____ E-mail address 2: _____

Facebook: _____ Twitter: _____

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 you currently performing/rehearsing anything now? *Please note the show and schedule below:*

Are there any potential Scheduling Conflicts you're currently aware of? *(Please see our attached Rehearsal/Performance Calendar for specific dates):*

How did you hear about our auditions?

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

Would you like to sign up for our group's mailing list? NO YES E-MAIL MAIL ALL

EMERGENCY CONTACT:

Name: _____

Parent or Guardian Info (if Under 18): _____

Home Phone: _____ Cell Phone: _____

Relationship: _____

Doctor Name and Phone (if Applicable): _____

*Thank you for your interest in our production! We appreciate your sharing your talent with us, and look forward to the opportunity to work with you.
Please bring this form with you at the appropriate audition time or email this form to vailtheater@gmail.com (if applicable)*