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Audition No.

## AUDITIONEE INFORMATION

PLEASE PRINT ALL INFORMATION NEATLY!

Last Name First Name MI Name you prefer to be called

Street Address ZIP Code

Home Phone Cell Phone Email

Height Weight Hair Color Eyes Age

Role for which you are auditioning

List any regular weekly commitments you have that will interfere with the rehearsal schedule. (NOTE: You are expected to arrange your work schedule around your theatre schedule--not vice versa!) Please include day of week and time for each item listed.

 Day of Week Time Commitment .

Theatrical Experience (If you have a resume and/or photo, please attach) Most recent first:

SHOW ROLE THEATRE GROUP/DIRECTOR YEAR

Feel free to write on the back if you need more room

Disabilities, Medical Conditions, Allergies, etc.