Audition Form
Acting / Tech

NAME: _____ **Cell Phone**: _____

Address: _____ **Birthdate**: _____

Height: _____ **Natural Hair Color**: _____ **Grade**: 9th 10th 11th 12th

(Please circle)

If cast, you should not cut or change your hair color without asking the director. If your hair is colored an unnatural color, you may be asked to color it to a natural color. Depending on the nature of the show, if you are cast as an actor, you may be asked to alter your hair color or style to what your character would play.

T- Shirt size: _____ **Pant size:** _____ **Dress size** (girls)_____ **Shoe size** _____

Student Personal Email: _____

In case of an emergency, please contact: _____

(Name and cell phone number)

Which roles or positions are you auditioning for? _____

_____

List Acting Experience: _____

_____

_____

_____

List Technical Theatre Experience: _____

_____

_____

2nd Period Class? _____ **Who is your teacher?** _____ **RM**: _____

Will you accept any role, even alternate or as a technician? Yes_____ **No** _____

ON THE BACK OF THIS FORM PLEASE LIST ALL KNOWN AND POTENTIAL CONFLICTS

DIRECTOR(S) COMMENTS:

CONFLICTS

Please list ALL extracurricular activities or clubs that you are involved in after school:

_____

_____

Please list ALL known and potential conflicts.

Date	**Activity**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

STUDENT OR PARENT/GUARDIAN COMMENTS: