RALEIGH LITTLE THEATRE

The Hobbit Audition Form

Audition Date:_____

Name (as you want it listed if cast):_____

What roles are you willing to accept? :_____ Are you willing to accept ANY role?_____

Pronouns: _____ Your Age Range (circle one): Child Teen 20s 30s 40s 50s 60+

If you circled Child or Teen, please provide: Your Age: _____ Your Grade: _____ Your Height: _____

Address:_____
(Street / Apt. #) (City) (Zip)

Phone(s): _____ Email Address: _____

(if applicable) Parent or Guardian Email Address: _____

Parent or Guardian Phone Number: _____

How did you hear about RLT? _____ Would you like to be on our audition notices e-mail list?_____

If you are cast, are you interested in being part of promotional events? _____

Are you able to take off from school/work for School Performances? _____

Are you able to ensure reliable transportation to and from all rehearsals and performances? _____

If you are not cast, would you like to volunteer for this production backstage? _____

If you are not cast, would you be interested in understudying a role in the show? _____

Some roles may dictate that a performer change their appearance. If the role requires would you:

Cut / grow hair:_____ Dye Hair: _____ Cut / grow Beard or Moustache if applicable: _____

_____ ***Please initial to show you are aware all actors in this production are volunteers.***

_____ ***Parent or Guardian initials (if applicable)***

List any training you have received in Acting, Voice, Dance or other performance skills (you may attach a resume if that's easier):

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Role	Play/Production	Producing Organization	Year