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. **Are you willing to alter your hair appearance?** If so, list what you agree to or not agree to: _____

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? _____

_____

*****YOU ARE REQUIRED TO ATTACH A RESUME TO THIS AUDITION FORM.*****

Why do you want to be a part of our UIL OAP Company?: _____

_____

_____

_____

What attributes would you bring to our UIL OAP Company?:_____

_____

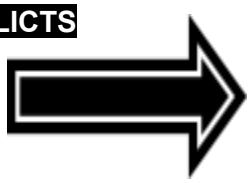
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_____

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:



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CONFLICTS

Please list ALL extracurricular activities or clubs that you are involved in after school, or after school responsibilities (siblings, work, including the days) Leaving this blank means you have NO CONFLICTS

_____

_____

Please list ALL known and potential conflicts. Leaving this blank means you have NO CONFLICTS

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

STUDENT OR PARENT/GUARDIAN COMMENTS: