

# Audition Form Acting / Tech

**NAME:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Height:** \_\_\_\_\_ **Natural Hair Color:** \_\_\_\_\_ **Grade:** 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>  
(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?:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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, or after school responsibilities (siblings, work, including the days) Leaving this blank means you have NO CONFLICTS

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

**Date**

**Activity**

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**STUDENT OR PARENT/GUARDIAN COMMENTS:**