Anacortes Community Theatre Audition Form

Name: _____
Address: _____
Email: _____
Phone:
Home _____Work_____Cell_____

Do you text? _____ Facebook? _____
Age _____ Height _____

Prior stage experience: (Please list recent role(s), year and location on the back of this form.)

What role(s) are you interested in?

Would you accept another role?	Yes	No
Will you understudy?	Yes	No
Are you willing to grow/cut your hair?	Yes	No
Grow/shave your beard/mustache?	Yes	No
Color your hair?	Yes	No
Are you willing to behave intimately/ kiss onstage?	Yes	No
Do you play an instrument?	Yes	No

If yes, what & for how long? _____

If you are auditioning with a family member, will you accept a role if they are not cast?
Yes No

If you are not cast, would you be interested in working backstage?
Yes No

Please list any other talents (musical instruments, tap dancing, etc.)
Use back of form if necessary.

If you have **any** conflicts with the rehearsal/performance schedule, please note them here:

_____

If you are part of our production, please note that ACT has instituted a strict no-smoking policy while you are in or around costumes. We appreciate your cooperation. Please initial here to signify that you understand and will cooperate with this policy. _____
Thank you!

Thank you for auditioning! A cast list will be posted as soon as all roles have been filled.