

Auditioning for **[title of show]**

Audition #: _____

Date: _____

For your information: as a community theatre, ACT does not cast equity actors.

1. Name _____

*If you have a preference as to the pronoun which you are referred to, please list it here: _____

2. Mailing Address _____
STREET ADDRESS CITY STATE ZIP

3. Phone Number(s) _____
HOME PHONE CELL PHONE OTHER

4. Email address _____

5. Date of Birth _____ Age _____

6. Height _____ Hair Color _____

7. Is there a specific role you're interested in? _____

8. Would you accept another role? _____

9. If not cast, would you be interested in volunteering? _____

10. Please list any acting, dancing, or singing experience. Include favorite roles or areas of interest. A resume could also be included with this sheet.

11. Are you available for a callback on Thursday, May 19th? _____

12. Please list any conflicts with the rehearsal schedule on the back of the page and sign the statement below:

I have read the schedule & indicated all conflicts to the best of my knowledge. I agree that ACT may use content such as photographs or video of me with or without my name and for any lawful purpose, including but not limited to videos, photos or any other content for publicity, illustration, advertising, and Web content. Also, all cast members are to abide by our Covid policy, which requires proof of vaccination or a valid exemption.

Are you vaccinated for Covid? _____

Signature (Or Guardian signature if under 18): _____

Parent/Guardian Name: _____ Parent/Guardian Phone: _____

Thanks for auditioning today!