



Audition Number:
(CFRT only)

Audition Form

Show(s) you are auditioning for: _____

Name: _____ Age: _____

Home Number: _____ Cell Number: _____

Home Address: _____
(include city and zip code)

Email Address: _____

Height: _____ Weight: _____ Eyes: _____ Hair Color: _____

Vocal Range? _____ Can you sight-read? ☐ Yes ☐ No _____

Do you play an instrument? ☐ Yes ☐ No If yes, what and for how long? _____

Performance Experience:

Name of Show	Name of Character	Production Group	Year

Continue on back if necessary. "Please see resume" is sufficient if you have attached a resume.

Additional Training/Education: _____

Special Skills: _____

Role(s) You Prefer: _____

Are you a member of Actor's Equity Association (AEA)? ☐ Yes ☐ No

Will you require housing? : ☐ Yes ☐ No Will you require transportation to the theatre? : ☐ Yes ☐ No

Will you accept any role: ☐ Yes ☐ No _____ Will you understudy: ☐ Yes ☐ No

Will you cut/grow as much hair as needed? ☐ Yes ☐ No Will you color/rinse your hair? ☐ Yes ☐ No

Will you grow/remove facial hair as needed? ☐ Yes ☐ No _____

If not cast, would you be willing or interested in working on stage crew? ☐ Yes ☐ No _____

Please list all conflicts for the rehearsal and production period (dates listed on the breakdown) on the reverse of this form – include all activities including school and work schedules, and weekends