

General Audition Form

Date _____

Last name

First name

Union

Audition number

Address _____

Production _____

City _____

Role _____

State _____

Interested in ensemble YES NO

Zip code _____

Do you sing? YES moderate NO

Permanent Phone _____

Do you dance? YES mover NO

Cell Phone _____

Weight _____ age _____

Email _____

Height _____ Hair _____

Eyes _____

Available Please only mark time conflicts

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
10am							
12pm							
2pm							
4pm							
6pm							
8pm							
10pm							