

## Audition Information Form

| Name: |  |  |  |
| :---: | :---: | :---: | :---: |
| Address: |  |  |  |
| Phone |  | Email: |  |
| Gender: | Height: | Weight: | Hair Color: |
| Are you willing to alter your physical appearance (i.e. color or cut your hair) for a specific role? Yes $\qquad$ No $\qquad$ If "No" please explain: |  |  |  |

Please attach resume or provide a brief history of previous roles

## ROLE

PLAY

## THEATER

Please list ANY potential conflicts with the rehearsal schedule (job, vacations, etc.) This does not disqualify you automatically from casting. It is much easier to work around a conflict we are aware of in advance.
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DIRECTORS NOTES


