

THEATRE OF GADSDEN AUDITION FORM

Name of Production: _____

Date of Audition: _____

PERSONAL INFORMATION

First Name: _____ Last Name: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Home # _____ Cell # _____

Height: _____ Weight: _____ Hair Color: _____ Facebook Account? Yes No Account Name: _____

Parent Name (17 and under only): _____ Cell # _____

How did you hear about auditions? _____

CONFLICTS

Please list any and all conflicts that might keep you from attending any rehearsal from the audition dates until the final performance. Please be completely honest. Conflicts won't necessarily preclude you from being cast in this show.

PREVIOUS EXPERIENCE

(Please list up to THREE (3) examples of previous production experience.)

Name of Production	Role You Played	Name of Theater Company	Year
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

DESIRED ROLES YOU ARE INTERESTED IN

- I Will **ONLY** accept the role(s) I have marked at the right. 1. _____
- I am interested in the parts listed, but will accept **ANY** role. 2. _____
- I am **ONLY** interested in a **chorus** part. 3. _____

MUSICALS ONLY SECTION

Voice: Soprano Alto Tenor Bass Vocal Range: _____ to _____ (Music Director Can Assist)

Are you comfortable singing: Solo? Yes No Harmony? Yes No In A Chorus? Yes No

Do you have any dance experience? Yes No If "Yes" then explain _____

Tell us if you have any special talents that may be used in this production: _____

BEHIND THE SCENES

If we are unable to cast you, we hope you will still join us by participating behind-the-scenes. Please let us know your area(s) of interest so we may contact you. **Don't worry – indicating a willingness to work on a crew will NOT decrease your chances of being cast in the show!!** (Please check all that apply.)

- Set Construction Set Decoration Costumes Lighting Promotion Sound Make-Up Hair
Props Ushering Other _____