



The Raleigh Little Theatre

Audition Form

Production: _____ Audition Date: _____

Are you willing to accept ANY role? _____ Role Preferences: _____

Name: _____ Gender: _____
(Last) (First) (Middle)

Age: _____ Height: _____ Weight: _____ Hair Color: _____

Address: _____
(Street / Apt. #) (City) (Zip)

Phone(s): _____
(Home) (Work) (Other:)

Email Addresses: _____

Are you able to insure reliable transportation to and from all rehearsals and performances? _____

Some roles may dictate that an actor change his/her appearance. If the role requires would you:

Cut / grow hair: _____ Dye Hair: _____ (If male) Cut / grow Beard or Moustache: _____

Would you like to be added to the e-mail list for audition notices? _____

List any training you have received in Acting, Voice, Dance or other performance skills (you may continue on back of form):

Role	Play/Production	Producing Organization	Year
-------------	------------------------	-------------------------------	-------------

--	--	--	--

