



Audition Form

Production: _____ Audition Date: _____

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

Name (as you want it billed, if cast): _____

Gender Identity: _____ Age Range (circle one): Child Teen 20s 30s 40s 50s 60+

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

Phone(s): _____ / _____ / _____
(Home) (Cell) (Other)

Email Address: _____

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

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: _____ Cut / grow Beard or Moustache if applicable: _____

_____ ***Please initial to indicate you are aware all actors at Raleigh Little Theatre participate as volunteers.***

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

Role	Play/Production	Producing Organization	Year
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