



# AUDITION FORM

Show: \_\_\_\_\_

Director: \_\_\_\_\_

## ACTOR INFORMATION

|                                  |        |            |   |  |   |
|----------------------------------|--------|------------|---|--|---|
| NAME                             |        | NICKNAME   |   | PREFERRED PRONOUN<br><input type="checkbox"/> she/her <input type="checkbox"/> he/him <input type="checkbox"/> they/them |   |
| STREET ADDRESS                   |        |            | CITY  | STATE  | ZIP   |
| E-MAIL                           |        |            | PHONE   |  | ACCEPTS TEXTS?<br><input type="checkbox"/> YES! |
| CHARACTER AGE                    | HEIGHT | HAIR COLOR | VOCAL RANGE   | DANCE BACKGROUND   | SHIRT SIZE                                      |
| LIST ACCENTS YOU ARE ABLE TO DO: |        |            | IF CAST, ARE YOU WILLING TO CHANGE YOUR APPEARANCE? IF YES, ANY LIMITS?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  |   |
| ROLE(S) YOU ARE INTEREST IN?     |        |            | WILL YOU ACCEPT A DIFFERENT ROLE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO                                       | IF NOT CAST, VOLUNTEER BACKSTAGE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO                            |   |

## ACTOR EXPERIENCE

|                   |            |              |                        |
|-------------------|------------|--------------|------------------------|
| DATE (MONTH/YEAR) | SHOW TITLE | YOUR ROLE(S) | THEATRE/GROUP/LOCATION |
| DATE (MONTH/YEAR) | SHOW TITLE | YOUR ROLE(S) | THEATRE/GROUP/LOCATION |
| DATE (MONTH/YEAR) | SHOW TITLE | YOUR ROLE(S) | THEATRE/GROUP/LOCATION |

## SCHEDULE CONFLICTS

|                 |  |  |
|-----------------|--|--|
| REHEARSAL DATES |  |  |
|                 |  |  |
|                 |  |  |

|            |  |  |
|------------|--|--|
| SHOW DATES |  |  |
|            |  |  |
|            |  |  |

### Please read the following:

Your signature confirms your acceptance and compliance with the theatre and its rules and regulations.

1. I have listed all current conflicts with the rehearsal/show schedule as distributed at this auctions. If cast, I will make known any additional conflicts as soon as they arise. I understand that I am responsible for attending all rehearsals to which I am called for which I have not profiled a conflict.
2. I agree to have my picture taken at auditions. This photograph will not be saved for future use by LTM.
3. By accepting a role in this production, I agree to obtain and provide my current Pennsylvania Volunteer Child Abuse and Background Check Clearances by the second week of rehearsal and give them to the Stage Manager.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If person above is a minor, a parent or legal guardian needs to sign below:

Parent (Print): \_\_\_\_\_ Parent (Signature): \_\_\_\_\_