

audition form

Date of Auditions _____

Production: _____

Name _____

Phone (h) _____ (c) _____

Address _____

City _____

State _____

Zip _____

E-Mail Address _____

Vocal Range (if applicable) _____

Dance Experience (if applicable) _____

Role(s) you are interested in _____

Role(s) you will accept _____

Theatrical Experience (list production, role, etc) _____

Other Areas of Expertise (include dance, tech, etc) _____

LIST ALL SCHEDULE CONFLICTS (WITH DATES) and other issues _____

[PLEASE SEE ADDITIONAL QUESTIONS AND LIST SCHEDULE CONFLICTS ON THE REVERSE OF THIS FORM]

Please list any health/social/emotional concerns we should be aware of (Allergies, etc)?

I acknowledge that all information I have provided is true, to the best of my ability, and guarantee that I will abide by the rules and policies of the Greater Grand Forks Community Theatre.

Signature _____ Date _____

If above signautre is of a minor, parental acknowledgment and permission is required:

Signature _____ Date _____

Relationship to Minor _____

Emergency Contact Information

Emergency Contact Name _____

Phone (h) _____ (w) _____ (c) _____

Relationship: _____ Principle Health Care Provider _____
