

Number: _____

FOOTLIGHTS THEATRE - AUDITION FORM

Name _____ Age _____

Address _____ Height _____

City _____ Hair _____
Color _____

State/Zip _____

Parent (if under 18) _____

Email _____

Cell Phone () _____ Home Phone () _____

Roles you are interested in:

Are you willing to accept any role? _____ (YES/NO)

CONFLICTS (specific dates and times, please)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Please list any other conflicts you may have during the rehearsal schedule:

Are you interested in working on stage crew, props, or costumes? (YES / NO)

Where did you hear about this audition?

PLEASE LIST PRIOR EXPERIENCE ON BACK OF FORM (or attach resume).
Include voice, dance, acting training and theatrical experience.