



The Last Five Years

Audition Form

Audition #

Please print clearly and answer all sections completely

NAME

AGE

HAIR COLOR

HEIGHT

VOICE TYPE

PREFERRED PRONOUNS

ADDRESS

CITY

STATE

ZIP

BEST PHONE

EMAIL

If you are **not** cast, how would you like to be contacted?

Email

Phone

Text

Are you willing to let your hair grow out?

Yes

No

Are you willing to cut your hair?

Yes

No

Are you willing to grow facial hair?

Yes

No

Are you willing to perform a stage kiss?

Yes

No

Please circle the role you would like to be considered for.

Cathy

Jamie

Are you willing to understudy a role with a guaranteed performance?

Yes

No

I have family members or friends auditioning for the show, and if I am cast, would love to have them be cast also. However, I **WILL** accept a role even if they are not cast.

Yes

No

My family member(s)/friend(s) is/are: _____

EXPERIENCE: Please list any acting, singing, and dancing experience. You may attach a resumé in lieu of listing your experience. If you do attach a resumé, please state "Please see attached resumé".

Please continue on the back of this form

RECURRING CONFLICTS: Separate from the conflict calendar, please indicate any recurring situations that may cause conflicts (commute, child care, work schedule, etc.)

BACKSTAGE OPPORTUNITIES: If not cast, would you be willing to help with any of the following? Please circle any you are interested in:

Stage Crew	Props	Costumes	Set Painting	Set Construction	Usher
Publicity	Lights	Sound	Make-up	Box Office	Other _____

ANYTHING ELSE? Is there anything else you would like us to know about you? Please feel free to write any message to the director and staff regarding your preferences or concerns about any certain role. The director **WILL** read this prior to casting.