



Cross Community Players

Audition # _____

Audition Form

Actor Information

Name: _____ Parent Name: _____

Actor Phone: _____ Parent Phone: _____

Actor E-mail: _____ Parent E-Mail: _____

Age: _____ Height: _____ Weight: _____ Hair Color: _____ Gender: _____

Preferred Role: _____ Will you accept another role? _____

Do you have family auditioning? _____ If yes, are you interested in participating if they are not cast? _____

Theater/Dance Experience

If you have a resume there is no need to complete this section.

Theater/Dance Company:	Role/Part/Dance Style:	Show:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Music Experience

If you have a resume there is no need to complete this section.

Voice part and range: _____

Have you taken voice lessons? _____ Where: _____ Dates: _____

Vocal/Choral Groups: _____

Musical Instruments: _____

Conflicts

List all conflicts through the show performance dates:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____