

A U D I T I O N F O R M

Name of Production: _____

Performer's Name: _____ Age: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: Home (_____) _____ Cell (_____) _____

How late may we call you in the evening? _____ *Please check the box of the best number to call you in the evening.*

Parent's Name: _____

Address: (if different from child) _____

City: _____ State: _____ ZIP: _____

Telephone: Home (_____) _____ Work (_____) _____

Cell (_____) _____ How late may we call you in the evening? _____

Please check the box of the best number to call you in the evening.

Performer's Email: _____

Parent's Email: _____

How did you learn of these auditions? Newspaper Radio Players Guild program

Players Guild website DetroitAreaTheatre.org Players Guild Audition Hotline

Other (please specify) _____

Are you ONLY interested in a lead role? Yes No Specify: _____

Will you accept a supporting role? Yes No Specify: _____

If you are not cast as a lead or supporting role, will you accept a role in the chorus (dancers and singers with the possibility of a small speaking line.) Yes No

If you are auditioning with a friend or family member, will you accept a part if they are not cast? Yes No

Are you a member of any other theater groups? Yes No

If yes, please list which group(s) _____

Are you currently involved in any other production? Yes No

(Over Please)

