

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

(Please PRINT clearly.)

Name: _____ Preferred Pronouns: _____

Address: _____

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.

Email: _____

Age: Under 18--please specify: _____ 18--above

Are you a member of the Players Guild of Dearborn? Yes No

Please note: If you are not a member and you are 18 years of age or older, you will be required to become a member. A completed membership application and your membership dues (which will include your annual dues and a one-time initiation fee) are to be turned in at your first rehearsal. If you are not a member and you are under the age of 18, one parent must already be a member or become a member.

Are you currently involved in any other production? Yes No

If yes, please list all conflicts associated with that production on the conflict calendar.

How did you learn of these auditions? Players Guild website Players Guild program

Players Guild member Social Media (Facebook, Twitter, Instagram, etc...)

Other (please specify) _____

R O L E S O F I N T E R E S T

Time constraints may limit the number of roles you can read. Please list the two roles you want to read for most:

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

Please list any information about this casting, you feel we should know: _____

Are you ONLY interested in a lead role? Yes No *(Please specify lead roles you will accept below)*

Will you accept a supporting role? Yes No *(Please specify supporting roles you will accept below)*

FOR MUSICALS ONLY: Will you accept a role in the chorus? Yes No

