



MEADVILLE COMMUNITY THEATRE AUDITION FORM

Please fill out as much of the requested information below as possible, or **circle** the appropriate choice where applicable

Full Name: _____ Age: _____

Eyes: _____ Hair: _____ Sex: MALE FEMALE

Home Phone: _____ Cell Phone: _____

E-mail address: _____

NOTABLE PREVIOUS PERFORMANCE EXPERIENCE OR ROLES:

Role you're auditioning for:

(1st Choice): _____

(2nd Choice): _____

Would you consider other roles? YES NO

Would you consider playing a role of the opposite sex? YES NO

Would you accept an ensemble role? YES NO

MUSIC AND DANCE TRAINING: (ONLY APPLICABLE FOR MUSICAL SHOWS)

Can you read music? YES NO

Singing ability: NONE AMATEUR TRAINED (_____) YEARS)

Voice: BASS TENOR BARITONE ALTO SOPRANO

Instruments you play: _____

Skill: BEGINNER INTERMEDIATE ADVANCED

DANCE/MOVEMENT: BALLET TAP JAZZ CONTEMP/MODERN HIP-HOP BALLROOM

OTHER _____

of Years: _____ Skill Level: BEGINNER INTERMEDIATE ADVANCED

Special Skills: STAGE COMBAT JUGGLING ACROBATICS CHEERLEADING GYMNASTICS

Other Skills to Note: _____

If not cast as a performer, would you be interested in working as crew or stage manager? YES NO

Other Applicable Skills:

- | | | | |
|------------------|--------------|-----------------|----------------|
| STAGE MANAGEMENT | LIGHTING | SPECIAL EFFECTS | PROPS |
| SEWING/COSTUMES | SET BUILDING | SET PAINTING | FRONT OF HOUSE |
| PUBLIC RELATIONS | PHOTOGRAPHY | CHOREOGRAPHY | |

PLEASE TURN OVER →

YOUR ADDRESS:

Full Name: _____

Street address: _____

Mailing address (if different than above): _____

City, State, Zip: _____

Potential medical or other conditions to note: *(Are you diabetic? Asthmatic? Suffer from serious allergies? Do you suffer from any phobias we should be aware of? Please note that a medical release form may need to be provided in order to participate in a show that would put your health or the health of others at risk)*

Are you currently performing/rehearsing anything? *Please note the show and schedule below:*

Are there any potential Scheduling conflicts you're currently aware of? *(Please see our attached Rehearsal/Performance Calendar for specific dates):*

How did you hear about our auditions?

NEWSPAPER

E-MAIL NOTICE

OUR WEBSITE

FRIEND

TEACHER

SOCIAL MEDIA

OTHER (please specify): _____

Would you like to sign up for our group's mailing list? YES NO

EMERGENCY CONTACT INFORMATION:

Name: _____

Parent or Guardian Info (if Under 18): _____

Home Phone: _____ Cell Phone: _____

Relationship: _____

Doctor Name and Phone (if Applicable): _____

I give my permission to Meadville Community Theatre to keep my information on file for future shows. I

understand that personal information will not be used for any other purpose, and that this information will be used only for the purpose of Theatre business. My information may not be sold or disclosed to a third-party vendor for any reason.

Signature

Date

Thank you for your interest in our production! We appreciate your sharing your talent with us, and look forward to the opportunity to work with you.