



## AUDITION FORM

1. \_\_\_\_\_  
**LAST NAME** **FIRST NAME** **MIDDLE NAME**

2. \_\_\_\_\_  
**COLLEGE** **YEAR** **MAJOR**

3. **DATE OF BIRTH (MM/DD/YYYY):** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

4. **GENDER:**  Female  Male

5. a) **HEIGHT:** \_\_\_\_\_ b) **WEIGHT:** \_\_\_\_\_

c) **HAIR COLOR:** \_\_\_\_\_ d) **EYE COLOR:** \_\_\_\_\_

e) **VOCAL PART:** \_\_\_\_\_

6. **Have you auditioned for us before?**  Yes  No

**If yes, for which production/s?** \_\_\_\_\_

7. **What will you be singing?** \_\_\_\_\_

8. **Please list any roles you would specifically like to be considered for:** \_\_\_\_\_

9. **Please list any roles you are unwilling to perform:** \_\_\_\_\_

10. **Please list your most recent acting, vocal and/or dance training and experience:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

11. **Please list any special talents/instruments played/hobbies/extracurricular activities, etc.:**

\_\_\_\_\_  
 \_\_\_\_\_

# AUDITION FORM

---

12. Do you have a car in Ithaca?  Yes  No

If yes, how many people, excluding the driver, can it seat? \_\_\_\_\_

13. Please list any known conflicts you may have on weeknights from 5:00PM-12:00AM and weekends from 10:00AM-6:00PM between now and December 4<sup>th</sup>:

---



---

14. CURRENT ADDRESS

15. PERMANENT ADDRESS

---



---



---



---



---



---



---



---

16. PRIMARY TELEPHONE: ( \_\_\_\_\_ ) - \_\_\_\_\_

17. SECONDARY TELEPHONE: ( \_\_\_\_\_ ) - \_\_\_\_\_

18. PRIMARY E-MAIL: \_\_\_\_\_

19. SECONDARY E-MAIL: \_\_\_\_\_

20. SCREENNAME: \_\_\_\_\_

21. Will you be able to attend callbacks on September 4<sup>th</sup> (11:00PM-4:00PM) and, if cast, our first meeting on September 5<sup>th</sup> (4:00PM-8:00PM)?  Yes  No

22. How did you hear about us? (Please check all that apply):

- |   |  |                                       |   |
|---|--|---------------------------------------|---|
| <input type="checkbox"/> Facebook Group | <input type="checkbox"/> Friend        | <input type="checkbox"/> Website      | <input type="checkbox"/> Newspaper            |
| <input type="checkbox"/> Facebook Event | <input type="checkbox"/> Past Member   | <input type="checkbox"/> Quarter Card | <input type="checkbox"/> Attended Performance |
| <input type="checkbox"/> Facebook Ad    | <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Poster       | <input type="checkbox"/> Other: _____         |

23. If we are unable to cast you in this production...

...may we contact you about future auditions?  Yes  No

...would you be interested in joining our staff for this production? If so, in what capacity?

Absolutely! \_\_\_\_\_  No, thank you.