

Name \_\_\_\_\_ Age \_\_\_\_\_ Vocal Range \_\_\_\_\_  
Hair Color \_\_\_\_\_ Height \_\_\_\_\_ Shirt Size \_\_\_\_\_  
Other Memorable Features \_\_\_\_\_

**Rolls auditioning for:** \_\_\_\_\_

Will you accept any role offered to you, including ensemble? Yes / No

If needed, are you able to attend Callbacks Sunday, October 30<sup>th</sup> @ 12pm? Yes / No

**Contact Information (Please fill in all fields, but circle favored method of communication)**

Cell # \_\_\_\_\_ Secondary # \_\_\_\_\_ E-mail \_\_\_\_\_

Parent or Guardian's Phone Number \_\_\_\_\_ and E-mail \_\_\_\_\_

Weekly Conflicts (what weekly days/times will you consistently not be able to rehearse?)

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Specific Conflicts (what specific one time dates/times will you not be able to rehearse?)

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Special Skills

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Previous Theatrical Experience (or attach resume)

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DIRECTOR USE ONLY BELOW THIS POINT