

Evergreen Theater Audition Information

Information provided will be used to contact you for casting purposes and to add you to our mailing list about upcoming auditions, productions, and volunteer opportunities. No information will be shared with the public or any other organization without your permission.

SHOW NAME: _____

ROLE(S) AUDITIONING FOR: _____

NAME: _____ AGE: _____

PARENT'S NAME (young actor only): _____

ADDRESS: _____

CITY: _____ ZIP: _____ PHONE: _____

EMAIL (parent's if young actor): _____

HAIR COLOR: _____ HEIGHT: _____ WEIGHT: _____

I am willing to cut/color my hair? Men: I am willing to shave/grow facial hair?

Have you auditions for Evergreen before? YES NO

If "no", how did you hear about auditions?

FRIEND FACEBOOK WEB SEARCH OTHER: _____

Are you willing to accept another role, if offered? YES NO

PLEASE LIST PRIOR THEATER EXPERIENCE OR ATTACH RESUME

| SHOW | ROLE | THEATER |
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CONTINUED ON BACK

LIST ANY CONFLICTS WITH REHEARSALS

LIST ANY SPECIAL SKILLS OR TRAINING (dance, voice, musical instrument, martial arts, accents, etc)

I am interested in working/learning about technical theater

After completing this form, please turn it in and be sure to get an audition number and have your photo taken.

Director's Notes:

OFFICE USE

CONTACTED: _____

ADDED: _____