

EVERGREEN THEATER AUDITION FORM

Show: _____

Full Name _____

Parent Full Name (if Young Actor) _____

Address _____ Height _____

City _____ Zip _____ Hair Color _____

Primary Contact Phone _____ Age _____

Other Phone _____ Grade _____

School (Young Actor) _____

(Parent) Email _____

Desired Role(s) _____ (indicate "any" if unsure)

Have you auditioned for Evergreen before? YES NO

If "no," how did you hear about auditions? (circle one)

FRIEND FACEBOOK WEB SEARCH OTHER: _____

Will you accept another role (or non-speaking role) if offered one? YES NO

Do you play an instrument? If so, what? _____

Are you interested in working backstage if not cast? YES NO

I am willing to cut/color my hair? YES NO

Men: I am willing to shave/grow facial hair? YES NO

Please list any conflicts with the rehearsal or performance dates. Include any vacations, school functions or group activities.

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PLEASE LIST PRIOR THEATER EXPERIENCE OR ATTACH RESUME (past 3 years' experience)

| SHOW | ROLE | THEATER |
|------|------|---------|
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LIST ANY SPECIAL SKILLS OR TRAINING (dance, voice, musical instrument, martial arts, accents, acrobatics, etc.)

I am interested in working/learning about technical theater

WE NEED YOU! Please indicate any skills that you (parent, if young actor) would be willing to share with Evergreen. Additionally, please indicate if your employer offers a donation or volunteer match or if they might be willing to become a sponsor for a production:
