



ACCT AUDITION FORM

Southern Hospitality

Audition # _____
CB _____
CST _____
ACCEPTED _____

Contact Information

PLEASE PRINT CLEARLY

Name: _____
First _____ *Last* _____

Address: _____
Street Address _____ *Apartment/Unit #* _____

City _____ *State* _____ *ZIP Code* _____

Home Phone: _____ Cell Phone: _____

Which is the best number to reach you? _____ How late will you accept a call? _____

Email _____

Preferred Role(1) _____ Preferred Role(2) _____ Preferred Role(3) _____

Will you accept another role? YES NO

Age: _____ DOB: mm/dd _____ Sex: _____

Height _____ Dress/Suit Size _____ Hair Color _____ Weight _____ Eye Color _____

Will you cut and/or dye your hair if req'd for this production? YES NO

Please list any southern accents that you can speak:

Theatrical Experience (Use back of form if needed)

Show\Role: _____ Theatre/Year: _____

Show\Role: _____ Theatre/Year: _____

Show\Role: _____ Theatre/Year: _____

Additional Areas of Interest (Please check all that apply)

Props _____ Costumes _____ Set Build _____
Lighting _____ Sound _____ Make Up _____
House Manager _____ Usher _____ Other _____

**PLEASE FEEL FREE TO
BRING OR ATTACH A
HEADSHOT AND OR A
RESUME.**

