

ACCT AUDITION FORM

The Judicial Murder of Mrs. Surratt

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(s) _____

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**

If male, are you willing to grow or shave a mustache or beard? **YES** **NO**

Please list accents and other talents: _____

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 _____

