ACCT AUDITION FORM

Defying Gravity

Proof of vaccination status required

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Audition #:	
СВ	
CST	
Accepted	

	P	Contact Information LEASE PRINT CLEAR		
N.	•	LEAGE I RINI GEEN		
Name:	First		Last	
Address:				
	Street Address			Apartment/Unit #
	City		State	ZIP Code
Home Phone:		Cell Phone:	-	
Which is the be	est number to reach you?	How la	te will you accept a	call?
Email	-		, ,	
Preferred Role	<u>(s)</u>			
Age:		DOB: mm/dd		Sex:
	Dress/Suit			
Height	Size	Hair Color	Weight	Eye Color
Will you cut and	or dye your hair if req'd fo	r this production?	NO	
If male, are you	willing to grow or shave a	mustache or beard? YES	NO	
Diagon list soom	oto and other talents.			
Please list accer	nts and other talents:			
	Theatrical Ex	sperience (Use back of	form if needed)	
Show\Role:		Theatre/Year:		
Show\Role:		Theatre/Year:		
Show\Role:		Theatre/Year:		
	Additional Area	s of Interest (Please ch	neck all that app	oly)
Props		Costumes	Se	t Build
Lighting		Sound	Ma	ke Up
House Manager		Usher		Other

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		Addition	al Theatrical E	xperience		
Show\Role:			Theatre:			
Show\Role:			Theatre:			
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Show\Role:			Theatre:			
Show\Role:			Theatre:			
			Director Notes	S :		
Delivery	Character Interpretation	Ability to Project	Ability to take Direction	Physical Appearance	Stage Movement	Dialogue with Others
OTHER AU	JDITION NOT	ES:		ТО	TAL CONFLICTS	S:
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