

ACCT AUDITION FORM

Defying Gravity

Proof of vaccination status required

Audition #: _____

CB _____

CST _____

Accepted _____

COVID-19 vaccine proof checked

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 _____

