

# \_\_\_\_\_

**GENERAL INFORMATION:**

\_\_\_\_\_  
Name (as you would like it to appear in the program) Pronouns

\_\_\_\_\_  
Address City, State, Zip

\_\_\_\_\_  
Home Phone Cell Phone Age Height

\_\_\_\_\_  
Email Address Hair Color  Yes  No  
Can we change it

\_\_\_\_\_  
Year In School Parent/Guardian Name (if under 18) Parent/Guardian Cell Phone (if under 18)

**PREVIOUS THEATRE EXPERIENCE & FORMAL TRAINING –**

❖ Theatre Experience - *List the four (4) most recent productions you have appeared in, the theatre/school that produced the production, and the role.*

Production	Theatre/School	Role
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

❖ Formal Training – *Please specify type, years, instructor, and school.*

❖ Special Talents? *Please specify (e.g., gymnastics, juggling, play an instrument, magic).*

List any parts/roles you are particularly interested in: \_\_\_\_\_

List any parts/roles that you do **NOT** want: \_\_\_\_\_

**JUST A FEW MORE THINGS**

In the event you do not get a part, would you still be interested in remaining involved with the production in any of the following areas? *(Please check all that interest you.)*

- |  |                                       |   |                                   |  |
|--|---------------------------------------|---|-----------------------------------|--|
| <input type="checkbox"/> Stage Manager | <input type="checkbox"/> Lighting     | <input type="checkbox"/> Set Construction | <input type="checkbox"/> Costumes | <input type="checkbox"/> Publicity         |
| <input type="checkbox"/> Stage Crew    | <input type="checkbox"/> Sound        | <input type="checkbox"/> Make-up          | <input type="checkbox"/> Ushering | <input type="checkbox"/> Intermission Help |
| <input type="checkbox"/> Props         | <input type="checkbox"/> Other: _____ |   |                                   |  |

