

## **Audition Form**

Please print legibly and completely

permission.)

Full Name:	Nickname	
Show you are auditioning for:		
Are you auditioning for a particular role	e? Yes□No □	
If yes – list role(s): 1 <sup>st</sup> choice:		2 <sup>nd</sup> choice:
Would you accept a part with few or no If cast, will you accept any role? Yes Are you willing to alter your appearanc If cast, can you clear your schedule for	o lines? Yes□No □ No □_Are you willing to e? (Change hair style/color, s	o be an understudy? Yes □No □
Please list date(s) and conflicts:		
run be extended? Yes $\square$ No $\square$ Date Conflic	ets:	scheduled performance dates, should the
~ If cast, can you clear your schedule for possible weekday matinee performances? Yes □No □		
~ Can you participate in/contribute t	o any of the following	g <b>now</b> or in the <b>future</b> : Yes $\square$ No $\square$
If yes, indicate preferences: □Publicity	y/Advertisement \( \subseteq \) Set	Construction $\square$ Set Painting $\square$
Costumes/Props  Makeup/Wardrobe	□Stage Management/C	Crew □Light/Sound Crew □ Set
Construction □ Painting □ Usher/c	concessions	
~ How did you hear about this audition	? (Please be specific) _	
	ND PARTICIPATE WITH E E AND RELEASE FreeFall St LITIES OR ANY ILLNESS	EXPRESS AGREEMENT AND tage and all its directors and affiliates FROM OR INJURY RESULTING THEREFROM AND
FreeFall Stage SHALL ALSO HAVE THE RIGHT OF ME FOR THIS PRODUCTION PUBLICITY PU		N ANY/ALLPHOTOGRAPHS OR VIDEOS TAKEN
SIGNED:	Phone #	DATE:
Email		
(Note: This information will be treated as "Confident	ential" and will not be given, p	posted, sold, bartered or used in any way, shape, or

Please list any health issues we need to be aware of on the back of this form.

form outside of the use of the production and theatre staff. Your personal information will not be revealed without your written