

**Audition Form**

Production: \_\_\_\_\_  
Theater: \_\_\_\_\_  
Date: \_\_\_\_\_  
SM: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ / \_\_\_\_\_  
(street address) (city, state, zip)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Age Range: \_\_\_\_\_

Union Affiliation: AEA SAG SEG AFTRA AGVA Other: \_\_\_\_\_  
(Please circle any to which you have ever belonged.)

Agency/Agent/Phone (if any): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Acting experience: Use reverse side of this form to list RECENT credits, including production, theater and director for each entry. If you have any current commitments which would conflict with our rehearsal/production schedule, please note here: \_\_\_\_\_

Please do not write below this line:

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Instructions on use of this form may be found in *STAGE MANAGEMENT* (7<sup>th</sup> edition), Allyn & Bacon, pp. 79-82.