



Date: _____ Production: _____ Audition No.: _____

Audition Registration Form- Please write legibly

Name: _____

Address: _____ City, State, ZIP: _____

E-mail Address: _____

Home Phone () _____ Cell () _____ Other () _____

Emergency Contact Name & Relationship _____ Phone: () _____

Gender: _____ Age: _____ Height: _____ Hair Color: _____

Please list the last three productions and roles in which you participated:

SHOW: _____ ROLE: _____ THEATER: _____

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SPECIAL SKILLS? (example: juggling plates, roller skating) _____

List any parts/roles you are particularly interested in: _____

Do you have any physical limitations such as lifting, bending, going up and down stairs? YES/ NO

Would you be willing to accept another role? YES / NO

If cast are you willing to grow/cut/dye/shave your hair? YES / NO

Please write all conflict on the tentative rehearsal calendar.

How would you like to be contacted about casting? Circle one: EMAIL TEXT FACEBOOK PHONE

As a member of the cast, we request that you help out with some aspect of production such as set build, marketing, painting etc...

Would you like to be notified of upcoming volunteer opportunities with MOH Yes _____ No _____

Please check all areas of interest that apply:

_____ Lighting _____ Set Construction _____ Costumes _____ Poster Distribution
_____ Stage Crew _____ Sound _____ Make-up _____ Hair

-----Production Staff Only-----

Call Back YES _____ NO _____ Role _____
Cast YES _____ NO _____ Role _____