

____ 1ST LTR OF LAST NAME DATE: ____ SHOW: _____ AUDITION # _____

WCT AUDITION INFORMATION (PLEASE PRINT)

Name: _____ Age: _____

Address: _____ City: _____ MI ZIP _____

Primary #: (____) _____ Secondary #: (____) _____

Are you able to receive texts? Yes No E-mail Address: _____

Height: _____ Weight: _____ Hair Color: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____ Phone #: (____) _____

I grant Warren Civic Theatre and Warren Parks and Recreation permission to use my (or my child's) photograph or recording for promotional or archival purposes including, but not limited to, DVD, Internet, Television and newspapers.

(signed) _____ (date) _____ (Parent's Email) _____

Desired Role(s), if known: _____

Consider me for other roles? Yes No Ensemble? Yes No

Crews (age 14+): Tech Costumes Publicity Fund Raising Rehearsal/Backstage Assistant

Please list any family members or other individuals with whom you would prefer to be cast:

EXPERIENCE AND/OR TRAINING:

Vocal Range, if known: _____ Can you tap dance? No Yes (see below)

Please attach resume and/or list specific formal training or previous experience on the back of this sheet for ACTING / VOCAL MUSIC/ CHOIR OR CHORUS/ INSTRUMENTAL MUSIC/ DANCE –

SPECIAL OR UNUSUAL TALENTS OR ABILITIES? (i.e. juggler, gymnastics, acrobat, etc.)

ALLERGIES, MEDICAL or OTHER CIRCUMSTANCES of which we should be aware:

CONFLICTS: Please list all scheduling conflicts for rehearsals and performances (see Info Sheet for specific dates/times of rehearsals/performances):