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

WCT AUDITION INFORMATION (PLEASE PRINT)

Legal Name: _____ Age: ___ Date of Birth (if under 18): _____

Preferred Name: _____

E-mail Address: _____

Address: _____ City: _____ ZIP: _____

Phone Primary #: _____ Secondary #: _____

Height: _____ Hair Color: _____

T-shirt Size (each cast member is provided one show shirt as part of their WCT Materials Fee (sizes tend to run small):

YOUTH: ◯ S ◯ M ◯ L ADULT: ◯ S ◯ M ◯ L ◯ XL ◯ 2X ◯ 3X

EMERGENCY CONTACT:

Name: _____ Relationship: _____ Phone #: _____

I grant Warren Civic Theatre and The City of Warren, MI, 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 featured roles? ◯ Yes ◯ No Ensemble? ◯ Yes ◯ No

Please list any family members also in this production: _____

EXPERIENCE AND/OR TRAINING:

Voice Type/Range, if known: _____ Can you tap dance? ◯ Yes ◯ No

Please attach resume and/or list specific formal training or previous experience on the back of this sheet
(i.e. ACTING, VOCAL MUSIC, CHOIR OR CHORUS, INSTRUMENTAL MUSIC, DANCE)

Special or unusual talents or abilities? (i.e., juggler, gymnastics, acrobat, etc.)

ALLERGIES, MEDICAL NEEDS OR SPECIAL CIRCUMSTANCES YOU FEEL WE SHOULD BE AWARE OF:

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