

The Lex-Ham Community Theater Audition Form

Name: _____ Height _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell phone: _____ Is texting OK? _____ Is voicemail OK? _____

Other phones: _____ Is this Home? Work? Other? _____

E-mail Address: _____

Are you auditioning for a particular role? Yes No If so, which one? _____

Would you accept a part with few or no lines? Yes No

Age: Under 13 13-17 18-24 25-29 30-39 40-49 50-59 60-69 70-79 80 or older

What special talents do you have? (e.g., play flute, juggle, etc.) _____

What physical limitations do you have that would restrict your movement on stage? _____

Describe any tattoos or body piercings which might be visible to the audience. _____

Scheduling Information

Please list all conflicts you have between now and the performance dates

Check the times when you **would** be able to rehearse

____ Weekday evenings ____ Saturday mornings ____ Saturday afternoons

____ Sunday afternoons ____ Sunday evenings

Earliest starting time on weekday evenings: _____ Latest ending time on weekday evenings: _____

Would you be available for a possible call back on Wednesday, July 12? Yes No

Previous Acting/Singing/Performing Experience

Please list your recent acting or performing experience on the back or attach a résumé.

How did you hear about this audition? Check all that apply

___ Lex-Ham Community Theater Web site

___ Minnesota Playlist

___ Word of mouth

___ E-mail notice from Lex-Ham Community Theater

___ Flyer, Where? _____

___ Other (please specify) _____

Do not write in this space – official use only