

The Lex-Ham Community Theater Audition Form

Please print legibly

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 at least 18 years old? Yes No Pronoun(s)? _____

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

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 January 12 and February 15.

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: _____

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

E-mail notice from Lex-Ham Community Theater

Minnesota Playlist

Facebook group? Which one? _____

Word of mouth

Other (please specify) _____

Do not write in this space – official use only