

Production: _____

Name: _____

Address: _____

City: _____ State: _____

Email: _____

Phone (cell): _____ Phone (alt): _____

Sex: F M Age: _____

Height: _____ Hair Color: _____ Changeable? Yes No

Role(s) desired: _____

Will you accept another role? Yes No

If you are not cast would you be interested in working in another capacity on this production?

Yes No If YES, in what way?

Lights Sound Costumes Props Set Design Set Construction

Painting Stage Manager Stage Crew Box Office Hospitality Usher

Other _____

How did you hear about auditions for this production? _____

Can audition, event or other community opportunities be sent directly to you in the future? Yes No

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Please attach your resume and a headshot if you have one. If you do not have a resume please use the space provided on the back to list previous theatre experience. Please make sure this form is complete and accurate. We may keep this form on file.

Please use the reverse side to list all scheduling conflicts that might occur during this rehearsal/production

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Director's Notes:

Scheduling Conflicts:

When listing possible conflicts, please consider school, work, church and any other personal or organizational obligations you may have. It is up to the director to decide weather your conflicts can be accommodated during the rehearsal process for this production. Try to be as accurate as possible so the Director can make an informed decision. Thank You :)

Day/Date	Describe Conflict	Is it Flexible?

Previous Stage Experience: (If you have a resume you may leave this blank)

Role	Show	Company	Year

Have you ever appeared in a TGWG production? Yes No

If YES, what was your most recent credit? (include year)

Signature: _____