

# 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: \_\_\_\_\_

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

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.) \_\_\_\_\_

Do you have stage combat experience? Yes No If yes, please describe.

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 March 25 and May 18.

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

\_\_\_ Minnesota Playlist

\_\_\_ Word of mouth

\_\_\_ E-mail notice from Lex-Ham Community Theater

\_\_\_ Facebook group? Which one? \_\_\_\_\_

\_\_\_ Other (please specify) \_\_\_\_\_

Do not write in this space – official use only