

The Lex-Ham Community Theater Audition Form

Name: _____ Height _____

Address: _____

City: _____ State: _____ Zip Code: _____

Day phone: _____ Evening phone: _____

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

Would you be willing to play multiple parts? 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. _____

Are you interested in helping with off-stage opportunities, such as designing and building sets, costumes, publicity, lighting, props, contacting local businesses, etc?

If yes, indicate which: _____

Scheduling Conflicts

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: _____

Previous Acting/Singing/Performing Experience

Please list your recent acting or performing experience below (continue on back if necessary) or attach a résumé.

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

___ Lex-Ham Community Theater Web site

___ TC Theatre and Film Web site

___ Word of mouth

___ Flyer, where _____

___ E-mail notice for Lex-Ham Community Theater

___ Other on-line source, which one _____

___ Newspaper article, which one _____

___ Other (please specify)

Do not write in this space – official use only