

LTM Audition Form

Please complete this form as legibly as possible.

SHOW: _____

Name _____

Cell Phone _____

Address _____

Work Phone _____

Home Phone _____

E-mail Address _____

Height: _____ Actual Age(optional): _____ Playing Age: _____ Hair Color: _____

Vocal Range: _____ Dance Background: _____

Do you have the ability to do accents? Yes No

If yes, what accents can you do? _____

If cast in this production, are you willing to change your appearance? Yes No

The role or roles you are interested in: _____

Will you accept a different role if asked? Yes No

Please list all conflicts with any rehearsal or performance dates on the production calendar:

Please list the three most recent acting (or theatre in general) experiences here (Role, Show & Theatre) or attach a resume:

If not cast in the show, would you be willing to work backstage? Yes No

If yes, in what capacity backstage are you willing to work?: _____

Please read and sign the following statement:

I have listed all current conflicts with the rehearsal schedule as distributed at this audition. If cast, I will be make known any additional conflicts at the first rehearsal. I understand that I am responsible for attending all rehearsals to which I am called for which I have not provided a conflict.

Name

Date