

## LTM Audition Form

[Back to top](#) Please complete this form as legibly as possible.

Show: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ 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:

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

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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 make known any additional conflicts as soon as they arise. 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: \_\_\_\_\_

**By accepting a role in this production, you agree to obtain your Pennsylvania volunteer child abuse clearances and criminal background check and give the theater a copy for our records.**