

# audition form

Date of Auditions \_\_\_\_\_

Production: \_\_\_\_\_

Name \_\_\_\_\_ Phone (h) \_\_\_\_\_ (c) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Occupation, workplace or school: \_\_\_\_\_

Vocal Range (if applicable) \_\_\_\_\_ Can You Read Music (if applicable)? \_\_\_\_\_

Dance Experience (if applicable) \_\_\_\_\_ Years \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_  Willing to Change Hair

Pants - Inseam \_\_\_\_\_ Pant - Waist \_\_\_\_\_ Hips \_\_\_\_\_ Shirt \_\_\_\_\_ Shoe \_\_\_\_\_ Neck \_\_\_\_\_

Have you ever been in an AAAA Production?  Yes  No

Please Check One:  I will accept any role  
 I will accept any role, but am most interested in role(s): \_\_\_\_\_  
 I will only accept the role(s) of: \_\_\_\_\_

If I am not cast, I would be interested in working in other areas of the production:  Yes  No

Other areas of interest (check all that apply)

|   |                                   |   |
|---|-----------------------------------|---|
| <input type="checkbox"/> Set Construction | <input type="checkbox"/> Props    | <input type="checkbox"/> Assistant Director |
| <input type="checkbox"/> Costumes         | <input type="checkbox"/> Lights   | <input type="checkbox"/> Stage Manager      |
| <input type="checkbox"/> Sound            | <input type="checkbox"/> Ushering | <input type="checkbox"/> Make-up            |

Theatrical Experience (list production, role, etc)

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Other Areas of Expertise (include DANCE, tech, etc; AS WELL AS ACCENTS/DIALECTS, IMPROV, etc.) \_\_\_\_\_

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LIST ALL SCHEDULE CONFLICTS (WITH DATES) and other issues:

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Do you have any previous injuries or health concerns that may preclude you from any types of movement?

If so, please list:

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Please list any health/social/emotional concerns we should be aware of (Allergies, etc)?

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I acknowledge that all information I have provided is true, to the best of my ability, and guarantee that I will abide by the rules and policies of the Alexandria Area Arts Association.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**If above signature is of a minor, parental acknowledgment and permission is required:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Minor \_\_\_\_\_

**Emergency Contact Information (FOR ADULTS AND/OR MINORS)**

Emergency Contact Name \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Relationship: \_\_\_\_\_ Principle Health Care Provider \_\_\_\_\_

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