

AUDITION FORM

Please save as a pdf using your name. Example: MajorMinor.pdf

Submit by email to information@citytheatreofindependence.org.

NOTE: Nonrestrictive Casting. Roles are open to all actors, regardless of race, ethnicity, gender, or physical type.)

(*Required Fields)

*SHOW _____

*NAME: _____ AGE RANGE: _____

*ADDRESS _____

*CITY: _____ *STATE: _____ *ZIP: _____

*CONTACT PHONE NUMBER & EMAIL: _____

*EMERGENCY CONTACT (Name & Phone) _____

How did you hear about these auditions? _____

Role(s) you would like to audition for: _____

Will you accept any role? _____ Are you willing to change your hair style or color? _____

List any crew positions which interest you: _____

Are you willing to head a crew? _____

Please list physical limitations, if any: _____

List all scheduling conflicts, being as specific as possible regarding dates and times:

Special Skills: _____

Please attach a resume or list prior experience. Attach a headshot if available.

_____ I understand that if cast, I will be responsible for my own make-up requirements (unless specialty make-up is needed), as well as some costume requirements.

_____ I have listed all known dates when other commitments will prohibit my attendance at rehearsals or set build days.

_____ I understand that continued absence or failure to be on time could merit my replacement.

_____ I understand that if there are children in the cast and I am over the age of 16, I am required to pass a background check

Signature: _____ Date: _____