

NUMBER _____

Please attach
thumbnail
headshot here.

GAINESVILLE THEATRE ALLIANCE AUDITION FORM

I am auditioning as a (please circle one): Student Community Member Professional

Name _____ Phone (daytime) _____ (evening) _____

Address _____

City _____ State _____ Zip _____

Occupation _____ Major _____

Hair Color _____ Eye Color _____ Age _____ Weight _____ Height _____

Vocal Range _____ Do you play a musical instrument _____

List any acting, vocal, or dance experience or training on back:

Special Talents: _____

Will you accept any role offered to you? _____ Yes _____ No

Are there specific roles you want to audition for? _____

Do you have any health problems or any physical limitations that would restrict movement (allergies, conditions, etc.)?

If not cast, would you be interested in working in any of the following areas?

___ Set Construction ___ Props ___ Make-up ___ Lights ___ Sound
___ Costume ___ Ushering ___ Running Crew ___ Box Office

PLEASE X THRU THE TIMES YOU COULD NOT ATTEND A REHEARSAL

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8 am							
9 am							
10 am							
11 am							
12 noon							
1 pm							
2 pm							
3 pm							
4 pm							
5 pm							
6 pm							
7 pm							
8 pm							
9 pm							
10 pm							

List any and all conflicts: _____