



Actor's Audition Sheet

Production: _____

Name: _____ Pronouns: _____

Phone: Home _____ Mobile _____

Email: _____

Acting Experience (please specify any improv experience, stage fighting, stage weapon training and experience, accents, any special skills or talents, and most recent acting experience): Continue on separate sheet if necessary. It's ok if you don't have any.

Are you reading for a specific role? _____

Is there anything you are NOT prepared to do if the part calls for it (e.g. cut, grow or colour hair or beard, remove or hide piercings, wear contacts?)

Are you willing to play a role of any gender? Yes No

Days and times you are **NOT** available for rehearsal:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Do you understand that a commitment must be made and all rehearsals must be attended as required by the director? Yes

Do you have other commitments that could interfere with the rehearsal period, e.g. work or a planned vacation that you know of at this time?

If you are not cast would you be willing to work on the show in another capacity? Do you have a particular area of interest or expertise?

Signed _____ Date _____

Signature of Parent or Guardian (if under 19) _____

Are you a current member of Shuswap Theatre? Yes No Unsure

I give permission for production photos of me to be published for publicity. Yes No

Note: production photos will also be taken for archival use as well as for publicity