



Audition Form

Production Name:		
Last Name:	First Name:	Middle:
Home Phone:	Cell:	Work:
Address:		
City:	State:	Zip:
Primary E-Mail:		Secondary E-Mail:
Emergency Contact:		Phone:
Date of Birth: / /	Height:	Hair Color:
List all potential conflicts between now and the production dates. You will need to be free the weekend before and the week of the production.		
Please list other shows you have been in or anything else you would like to tell us:		
If Not Cast in this Production, would you like to work backstage or Front of House?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Please tell us how you heard about this Audition. Please check ALL that apply		
<input type="checkbox"/> MLT Website <input type="checkbox"/> Cinstages <input type="checkbox"/> Newspaper <input type="checkbox"/> Mailing <input type="checkbox"/> E-Mail <input type="checkbox"/> Other		
For Director's use only:		