



# AUDITION FORM

1530 Central Avenue  
Middletown, Ohio 45044  
513-425-7140

PRODUCTION:

LAST NAME:

FIRST NAME:

MIDDLE NAME:

ADDRESS:

HOME PHONE:

CELL PHONE:

WORK PHONE:

EMAIL ADDRESS:

EMERGENCY CONTACT:

CONTACT PHONE:

DATE OF BIRTH

HEIGHT

HAIR COLOR:

ARE YOU WILLING TO RE-COLOR IF NESS:

/ /

YES NO

ROLE AUDITIONING FOR:

IF NOT CAST IN THIS ROLE, ARE YOU WILLING TO ACCEPT ANOTHER  
ROLE IN THIS PRODUCTION:

YES NO

YOUR VOCAL RANGE:

CAN YOU SIGHT READ?

YES NO

**LIST ALL POTENTIAL CONFLICT DATES** between now and the production dates. You will need to be free the weekend before and the week of the production.

**PLEASE LIST YOUR PAST THEATER EXPERIENCE:** You may attach your resume and headshot if you'd like

PLEASE TELL US HOW YOU HEARD OF THIS AUDITION (CHECK ALL THAT APPLY):

MLT Website  Cinstages  Newspaper  Mailing  E-Mail  Facebook  Other