



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