



Old Academy Players Audition Form

Thank you for auditioning. Please complete this form.

YOUR NAME: _____ DATE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____ CELL: _____ WORK: _____

EMAIL: _____

GENDER: _____ AGE: _____ HEIGHT: _____

Latest Experience: *[complete or attach resume]*

SHOW	ROLE	THEATER	DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Role(s) You Are Interested In: _____

Do you have any scheduling conflicts—nights that you work, planned vacations, etc.—that will impact when you can rehearse? Please specify when:

How did you learn of this audition? _____

Anything you'd like to add? _____

Directors Comments

If cast in the production for which I am auditioning I agree to and authorize that my personally identifiable information (name, address, phone number and e-mail) may be distributed by the Director to the cast and crew working on the production as well as to the Old Academy Executive Committee and Production Committee of The Old Academy Players.