

The Albright Theatre Audition Form

*** PLEASE PRINT CLEARLY ***

Production Title: _____

Are you auditioning for a specific role? YES NO If so, which role: _____

Will you accept another role? YES NO Are you willing to perform more than one role? YES NO

Are you willing to accept a non-speaking role? YES NO

If deemed necessary are you willing to change/cut/color your hair? _____

(Note: Please do not change your hairstyle in any way after auditions unless requested by the Director)

NAME: _____ HEIGHT: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT NUMBER: _____ MOBILE LAND LINE

EMAIL ADDRESS: _____

LIST ALL SCHEDULE CONFLICTS BELOW

Rehearsals may be 3-4 nights a week including Sundays. Please list all of the times that you will not be available to rehearse between now and the close of the production. Please provide details of any conflict and whether there is any flexibility. Be sure to include dates and times of conflicts. We will do our best accommodate schedule conflicts. We reserve the right to reverse casting decisions if any conflicts are omitted from this form.

I have read the statement above and by signing below I certify that the conflict information I have provided is complete to the best of my knowledge.

*Signature: _____ Date: _____

* If you are under the age of 18 please have a parent or guardian sign on your behalf, confirming schedule

Please complete the back of this form

Resume Attached

Or please list your theatre experience here: _____



PLEASE COMPLETE THIS SECTION IF THE ACTOR IS UNDER THE AGE OF 18

Actor Age: _____ Guardian Name(s): _____

How did you learn about auditions? _____

I am interested in (please check all that apply)

Acting Directing Stage Managing Costumes Lighting Set Props Sound

MEDIA RELEASE AND AUTHORIZATION

I authorize the Albright Theatre Company to use my name and likeness for publicity and archival purposes. This includes but is not limited to: Internet and Social Media postings, publication in theatre newsletters, brochures, programs and publication in local newspapers.

SIGNATURE* _____ **DATE** _____

** If you are under the age of 18 please have a parent or guardian sign on your behalf, indicating authorization as detailed above.*