

Hidden Talent Community Theatre Audition Form

General Info

Name: _____

Age: _____ Height: _____ Hair Color: _____

Phone 1: (Best number to contact you at) _____

Phone 2: (Second Best number to contact you) _____

Email Address: _____

Part Interest: Ensemble Supporting Lead

Specific Part Interest: _____

Willing to accept any role: YES NO

Changing Appearance

Are you willing to cut/grow your hair? YES NO

Are you willing to dye/change your hair color? YES NO

Are you willing to grow facial hair? (Males Only) YES NO



Past Experience

Please list all past theatre experience below:

SHOW	PART	VOCAL	DANCE

Shirt Size _____ Pants Size _____

Dress Size _____

List all scheduling conflicts that may interfere with practice:

A large, empty rectangular box with a thin black border, intended for the user to list scheduling conflicts that may interfere with practice.