

Please complete the information below. Attach this form to your resume, headshot (if you have them) and detailed conflict calendar sheet.

Actor's Name: _____

Phone: _____

Email: _____

Address: _____

City: _____ Zip: _____

Which roles interest you the most? _____

Are you willing to accept any role? Yes: _____ No: _____

Are you currently (or soon to be), in another show which overlaps with this production in any way? Yes _____ No _____ (if yes, which show and dates? _____)

Conflicts. An actor's availability will play a key role in casting. We will honor the conflicts that you provide to us during auditions on the provided tentative rehearsal schedule calendar. Once cast however, it is important to our rehearsal process that no additional conflicts result in an absence. Please make sure we have noted all of your out-dates at this time.

Are you able to rehearse weeknights beginning at 6:30pm and Saturday's from 10a-1p if scheduled?

Please list anything else you would like us to know that may affect casting decisions?

Actor signature: _____