

Please complete the information below. Attach this form to your resume, headshot and detailed conflict calendar sheet.

Actor's Name:	
Parent Name:	
Actor's Phone: Email addresses for all communication for this project (please print clearly and double check the correct address is given):	
Vocal Training? If Yes, how many years:, Instructor_	
Dance ability? Beginner Some Training Exp	erienced Advanced
Special skills? (Dance, accents, martial arts, etc)	
Which roles interest you the most?	
Are you willing to accept any role? Yes: No:_	
Are you willing to play a role of the opposite gender? Yes	: No:
Is actor currently (or soon to be), in another show wh production in anyway? Yes No (if yes,	

Director notes: CONFLICTS.

Please note that an actor's availability will play a key role in casting. We will honor the conflicts that you provide to us during auditions. 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. If additional conflicts are requested and taken during the rehearsal process, the director may choose to remove the actor from scenes worked on in their absence. Thank you for your understanding.

Actor signature: _____

Parent signature (if actor is under 18): _____