



## **Adult Actor Audition Form**

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

Actor's Name:	
Phone:	
Email (please print clearly and double check the correct address is given):	
	Zip:
Special skills? (Dance, accents, mart	ial arts, etc)
	st?
	e? Yes: No:
- · ·	), in another show which overlaps with this production in (if yes, which show and dates?)
provide to us during auditions. Once of additional conflicts result in an absence time. If additional conflicts are requesting.	will play a key role in casting. We will honor the conflicts that you cast however, it is important to our rehearsal process that no ce. Please make sure we have noted all of your out-dates at this ted and taken during the rehearsal process, the director may nes worked on in their absence. Thank you for your understanding.
Actor signature:	
Anything else you would like us	to know that may affect casting decisions?