



Youth Actors (ages 12-17)
Audition Form

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

Actor's Name: \_\_\_\_\_

Parent Name (Youth Actors): \_\_\_\_\_

Parent Phone (Youth Actors): \_\_\_\_\_

Parent Email (please print clearly and double check the correct address is given):

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Actor's Phone (if approved by parent): \_\_\_\_\_

Actor's Age: \_\_\_\_\_

Vocal Training? If Yes, how many years: \_\_\_\_\_, Instructor \_\_\_\_\_

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 which overlaps with this production in anyway? Yes \_\_\_\_\_ No \_\_\_\_\_ (if yes, which show and dates? \_\_\_\_\_)

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.

Parent signature: \_\_\_\_\_