



AUDITION FORM

Name: _____ Cell Phone: _____

Email: _____ Facebook name? _____

What is the best way to reach you quickly? Email _____ Text _____ FB Messenger _____ Phone _____

THEATRE EXPERIENCE

Have you participated with WRCT before? Yes____ No____

List some past roles, shows, when and where performed:

Age: In High School _____ 19-29 _____ 30-64 _____ 65+ _____

Are you auditioning for a specific role, if so, which? _____

If you are not chosen for that particular role will you accept another role offered? Yes____ No____

If cast and the director feels the character is best portrayed with physical alterations, would you willing to (check all the apply):

Wear a Wig____ Cut your hair____ Color your hair____ Grow/Shave facial hair____

If auditioning for a singing role, what is your voice type? Soprano Alto Tenor Bass Not sure

Rehearsals will be live. Please list any evenings that you would be unable to rehearse or any conflicts you may have with availability: Rehearsals will be live. Please list any conflicts you may have.

