



# Audition Actor Information

## *The Diary of Anne Frank*

|  |   |  |  |                  |           |
|--|---|--|--|------------------|-----------|
| Audition Date:   |   | Audition # (for theater staff use only): |  |                  |           |
| Specify role(s) preferred below:   | Willing to accept any role (circle one)?  |  |  | Yes      No      |           |
|  | Age:  |  | Gender (circle one):   | Female      Male |           |
|  | Height:   |  | Weight:  |                  |           |
|  | Hair Color:   |  | Eye Color:   |                  |           |
|  | Please circle below any physical characteristics you <i>are</i> willing to change if the role dictates: |  |  |                  |           |
|  | Hair Color  | Hair Length                              | Cut/Grow Beard/Moustache (male)                                  |                  |           |
| Last Name:   |   |  | First Name:  |                  |           |
| Address:   |   |  | City:  |                  | Zip:      |
| Cell Phone:  |   | Home Phone:                              |  | Work Phone:      |           |
| Email Address:   |   |  | Include you in our email list for future auditions? (circle one) | Yes              | No        |
| Can you ensure transportation to and from rehearsals and performances? (circle one)  |   |  |  | Yes              | No        |
| If not cast, in what other way(s) would you like to help with the production, if any?  |   |  |  |                  |           |
| Please list any allergies of yours that we need to know about (may continue on back).  |   |  |  |                  |           |
| List any training you have had in acting, voice, dance, or musical instruments. You may continue the list on the back of this form and/or attach a resume and headshot, if you wish. |   |  |  |                  |           |
| Have you received the full COVID vaccine regimen recommended by the CDC? (circle one)  |   |  | Yes  | No               | Partially |
| Play Title, Production Name, or Skill  | Role (if Play)  | Producing Organization/Teacher           |  | Year             |           |
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