



# Audition Form

*Vanya and Sonia and Masha and Spike*

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: <input type="text"/>
	Hair Color:		Eye Color: <input type="text"/>
	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: <input type="text"/>
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.			
Play Title, Production Name, or Skill	Role (if Play)	Producing Organization/Teacher	Year