



Clayton Community Theatre

Audition Form

Audition # _____

Name _____

Address _____

City _____ State _____ Zip _____

Age _____ Sex _____ Height _____ Weight _____

Email Address _____ @ _____

Cell Phone _____

Home Phone _____ Work Phone _____

Emergency Contact Information:

Name _____ Phone # _____

Please list previous experience below: (If needed, use other side of sheet)

Please list which roles you would like to play in order of preference:

1.) _____ 2.) _____ 3.) _____

Would you accept any role? Yes _____ No _____

Please list dates you will not be available: (If needed, use other side of sheet)

If not cast, would you be willing to work in other production areas? Yes _____ No _____

If yes, indicate preferences below:

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> Painting | <input type="checkbox"/> Props |
| <input type="checkbox"/> Costumes | <input type="checkbox"/> Set Construction |
| <input type="checkbox"/> Run Crew | <input type="checkbox"/> Box Office |

I would like more information on CCT membership _____