



Clayton Community Theatre

Audition Form

Audition # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Pronouns \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

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:

\_\_\_ Painting \_\_\_ Props \_\_\_ Costumes \_\_\_ Set Construction \_\_\_ Lighting \_\_\_ Run Crew \_\_\_ Box Office

