

**TIPTON ARTS COUNCIL  
AUDITION FORM**

Play for which you are auditioning: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Employer/School: \_\_\_\_\_

Typical Work/School schedule: \_\_\_\_\_

Are you auditioning for a specific role(s)? (If so, then list) \_\_\_\_\_

If this role were not available, would you be willing to take another role? \_\_\_\_\_

If your family member auditions also, would you still take a role if he/she does not get one? \_\_\_\_\_

If you are able, would you be willing to alter your appearance for a role (cut/grow facial hair, change hair color and such like)? \_\_\_\_\_

Do you have experience in music? \_\_\_\_\_ Do you have experience in dance? \_\_\_\_\_

Can you sing 4-part harmony (if so, please designate which parts)? \_\_\_\_\_

Can you play a musical instrument (if so, please designate)? \_\_\_\_\_

Will you have a problem with the currently scheduled dates for this play? \_\_\_\_\_

Will you have a problem with the currently scheduled dates/times for rehearsals? \_\_\_\_\_

Can you make the very first meeting? \_\_\_\_\_

**PERFORMING EXPERIENCE (most recent)**

<i>Year</i>	<i>Show Name</i>	<i>Role</i>	<i>Where Performed</i>	<i>Director (if known)</i>
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**TO BE FILLED OUT BY PARENT/GUARDIAN IF AUDITIONER IS UNDER AGE 18**

Parent/Guardian: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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