

DATE: \_\_\_\_\_

Number: \_\_\_\_\_

**AUDITION FORM –**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ zip \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ WORK: \_\_\_\_\_ Cell/other: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Ht: \_\_\_\_\_ Date of Birth \_\_\_\_\_

ROLE(S) YOU WOULD LIKE TO BE CONSIDERED FOR:

\_\_\_\_\_

CONFLICTS: Please list any conflicts of which you are aware.  
We will use these to develop our rehearsal schedule. **This IS VERY IMPORTANT!**

\_\_\_\_\_  
\_\_\_\_\_

EXPERIENCE: Please give a brief list of acting experience and skills, use back if necessary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you be interested in participating in other capacities?

Directing  Sets  Lighting  Costumes  Publicity  Sound  Make-up  Hospitality  
 Producing  Props  Other \_\_\_\_\_

How did you hear about the auditions? \_\_\_\_\_

**Insurance Fee Requirement: Due to the insurance requirements of the MN Players/Spotlight Theatre, it is necessary to collect an insurance fee of \$15.00 per person per show. For a family of more than two people, the fee is \$30.00. I understand the fee is due the first rehearsal.**

SIGNATURE: \_\_\_\_\_