AUDITION FORM – Print Legibly

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PLEASE ATTACH PICTURE/RESUME

Desert Theatricals – Non Union ARE YOU A MEMBER OF ACTORS EQUITY ASSOCIATION? YES / NO (Circle One)

NAME:_____

CITY:_____ ZIP:_____ DO YOU HAVE LOCAL HOUSING Y or N

PHONE (CELL):_____ EMAIL:_____

*All information is for internal use and kept confidential

AGE:_____ HEIGHT:_____ WEIGHT:_____

Auditioning for the role(s) of: _____

in: _____

Will you Accept any role: Y / N I have reviewed rehearsal schedules and understand conflicts may not be accepted

Signature: _____