

AUDITION FORM

#

PLEASE ATTACH PICTURE/RESUME

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

NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

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: _____