AUDITION FORM

Non-Union Audition Form

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PLEASE ATTACH PICTURE/RESUME in this order – Form, Picture, Resume
PLEASE PRINT LEGIBLY!

ARE YOU A MEMBER OF ACTORS EQUITY ASSOCIATION? YES / NO (Circle One)

DO YOU HAVE LOCAL HOUSING? YES / NO (Circle One)

*All information is for internal use and kept confidential

NAME:_____

ADDRESS:_____ CITY:_____ ZIP:_____

PHONE (CELL):_____ EMAIL☹Print legibly) _____

AGE:_____ HEIGHT:_____ WEIGHT:_____

Auditioning for the role(s) of: _____ in _____

Will you Accept any role: Y / N (You must circle one)

I have reviewed rehearsal schedules and understand conflicts may not be accepted. Please check ONE below

☐ **I have conflicts on** _____

☐ **I have NO conflicts**

Signature: _____