



# PROFESSIONAL ARTIST

Audition Information Sheet

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

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

City/State/Zip: \_\_\_\_\_

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

Email Address (please print legibly) \_\_\_\_\_

On the back of this form, please list three musical productions you have performed in, preferably your most recent shows, or attach your resume. (No experience required.)

Do you read music? (Circle one)      Yes      A little No

Vocal Range: \_\_\_\_\_ Vocal Coach (if applicable): \_\_\_\_\_

Please consult season schedule and list your top three choices.

#1 \_\_\_\_\_

#2 \_\_\_\_\_

#3 \_\_\_\_\_

Rehearsals are generally on Monday evenings and tech rehearsals are the night before opening. Please list all known conflicts that would prevent you from attending possible rehearsals or a performance. **If you have no conflicts (or can arrange your schedule) write "None" in the space below.** Please be accurate and honest.

Conflicts: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about auditions?

\_\_\_\_\_

