



VAIL VALLEY THEATRE

COMPANY

AUDITION FORM

Name _____ Age _____

Address _____ Height _____

City _____ Hair Color _____

State/Zip _____ Eye Color _____

Email _____ Vocal Part _____
(i.e. soprano, alto, tenor, bass – high or low)

Parent (if under 18) _____

Email _____

Cell Phone () _____ Home Phone () _____

Best time to call _____

Roles you are interested in: _____

Are you willing to accept any role? _____ (yes/no)

If you do not get a speaking role are you willing to be in the show? _____ (yes/no)

CONFLICTS (specific dates and times, please)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Are you interested in working on stage crew, props, or costumes? (Please circle)

Where did you hear about this audition? _____

PLEASE LIST PRIOR EXPERIENCE ON BACK OF FORM (or attach resume).
Include voice, dance, acting training and theatrical experience.

PRINT THIS FORM, COMPLETE IT, AND BRING IT WITH YOU TO YOUR AUDITION.