|  |  |
| --- | --- |
| **ACT Logo (2).jpgAUDITION FORM:** | **9 TO 5 the Musical** |
| **Please fill out ALL the information below and attach a current headshot and resume if available.** |
| **Name:** |  |
| **Best Contact Phone #:** |  | **Email:** |  |
| **AGE:** |  | **HEIGHT:** |  | **WEIGHT:** |  | **SHOE SIZE:** |  |
| **ROLES AUDITIONING FOR:** |  |
| **WOULD YOU ACCEPT ANY ROLE?**  | **YES** |  | **NO** |  |  |

|  |
| --- |
| **Previous theatre production experience:** |
| **Show Title:** | **Role:** | **Year:** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Any previous training theatre, dance or music experience (Please List):** |
| **Training:** | **Years Practiced:** | **Teacher or School Name:** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Other Talents: (gymnastics, tap, musical instruments, accents, stage combat, etc.)** |
|  |
|  |
|  |
|  |

|  |  |
| --- | --- |
| **FOR DIRECTOR’S USE ONLY:** |  |
| **Singing:** | **Acting:** |
| **Dancing:** | **Stage Presence:** |
| **CALL BACK: Y N** |  |