



AUDITION INFORMATION SHEET

ROLE(S) INTERESTED: _____

Will you accept any role? **Yes** **No**

We may not read/sing you for the role you are interested.

CONTACT INFORMATION

Name: _____

Email: _____

Address: _____

Contact Phone: _____

City/State/Zip: _____

CONFLICTS *(Do you have any conflicts with the anticipated rehearsal and performance schedule? PLEASE LIST)*

STATISTICS

Voice: *Soprano* *Alto* *Tenor* *Bass*

Do you read music? **Yes** **No**

Height: _____

Hair: _____

Age Range: _____

(If cast, we ask that you do not change the color/style of your hair unless given the okay.)

If you aren't cast in this production, would you like to be part of our technical crew? **Yes** **No**

EXPERIENCE

TRAINING

SPECIAL SKILLS

Theatre Victoria use only