



WE Multimedia Theatre Group
AUDITION FORM
PLEASE PRINT CLEARLY

First Name: _____ Last Name: _____

Age Range: _____ Actual Age: _____

PHONE #s: Home: _____ Work: _____ Cell: _____

Email: _____

How often do you check your email? DAILY WEEKLY RARELY

Address: Street: _____ City _____ Zip _____

Do you have any conflicts with the rehearsal or production schedule? (circle one) Yes No If yes, which dates and times? *(Please note: You will be expected to be available for any of the scheduled dates unless you note it here.)*

What training/experience have you had in theater? Recent roles?

DIRECTOR'S NOTES