

Asbury Memorial Theatre
Audition Form

Plaza Suite – spring 2018

Please complete as much of the information below as possible, or circle the appropriate answer as applicable.

Name as you would like it to appear in the program:

Age: _____ **Height:** _____ **Weight:** _____

Hair color: _____ **Eye color:** _____ **Dress size:** _____

Role preferred: (1) _____

(2) _____ (3) _____

Would you consider another role? YES NO

If not cast as a performer, would you be interested in **assisting** this production in some other way?

CREW	PROPS	COSTUMES	PUBLICITY	USHER	
LIGHTING	SOUND	SET BUILDING	BOX OFFICE	CONCESSIONS	RECEPTION

Notable performance experience (Role / Show / Company / Year)

Contact Information

Mailing Address: _____

Preferred e-mail address: _____

Phone numbers: (mobile) _____ (home) _____ (work) _____

Social media: _____

Emergency Contact: (Name & relationship) _____

Best phone number: _____ Doctor's phone number: _____

Potential medical or other conditions of which we should be aware: _____

Potential schedule conflicts: _____

How did you hear about the audition?

Facebook Poster Website E-mail Friend Other _____

Would you like to sign up for our group's e-mail list? YES NO

*Thank you for your interest in Asbury Memorial Theatre! We appreciate your sharing your talent with us,
and look forward to the opportunity to work with you.*

If you have any other comments, please feel free to write them below.