

Audition Form The Book Club Play

(For TIP use only) #_____

| Name: | | |
|----------------|-------------------------|---------|
| Ht:Pre | ferred Pronouns: | |
| Role you are | auditioning for: | |
| Are you willin | ng to accept a differen | t role? |
| Address: | | |
| City: Zip: | Cell Phone #: | |
| Email: | | |

Most Recent Theatrical Experience: (Please attach resume and headshot, if available) **SHOW ROLE THEATRE/DIRECTOR YEAR**

Please list any special skills and/or dialects:

How did you hear about auditions? TIP Email TIP Website TIP Facebook Word of Mouth Other (please specify):_____

Please list any known conflicts during rehearsals and performance dates (i.e. vacations, classes, etc.) Dates/times of rehearsals are TBA.