Williamsburg Players - Audition Form



Name:					
City:		State:		Zip:	
Cell Phone:		E-mai	1:		
Height:	Weight:	Age:	Hair:	Eyes:	
Role(s) for which	h you wish to audition:				
If you do not rece	eive the above, would y	you be willing to be cast	t in other roles?	Yes No	
				Yes No se part/s:	
Vocal Range:	soprano mezzo	o alto te	nor baritone	bass	
Note range, if kn	own (e.g. low D to F al	bove middle C)):			
Can you sight rea	ad music? Yes	No			
Dance Training:	jazz ballet	_ modern ballro	om others:		
Do you play any	musical instruments?	If so, please list:			
Relevant experie	nce or past roles played	1:			
	Attach a re	sume or head shot to thi	s form if you desire.		
REQUIRED	: Please list any conflic	ets during rehearsal or po	erformance period or	n the back of this form.	
				ry or are pending charges liamsburg Players production	
	DO	NOT WRITE BELOW	THIS LINE		
Read:					

CONFLICT CALENDAR

Please mark an X or your time limitations on any dates that you are not available for rehearsals. Adding conflicts after you are cast is considered bad form and can be grounds for replacement.

Insert Calendar Here