

# Much Ado About Nothing

Little Theatre of Owatonna

2016-2017 Season

Audition form

Name \_\_\_\_\_

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female      Age: \_\_\_\_\_ Age range you can play: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

What role(s) are you auditioning for? \_\_\_\_\_

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Would you accept a different role, if offered?      Yes      No

Theatrical experience. Please list the plays in which you have performed, the roles you have played and where you have performed them. Use the back of this form or attach a sheet, if needed.

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Do you dance?      Yes                  No                  I'm willing to learn

Briefly describe your dance experience.

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Any other special talents we should know about? \_\_\_\_\_

Look at the calendar. Are there any rehearsal or performance dates for which you are unavailable? If so, when.

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Do you wear glasses?      Yes                  No

Can you perform on stage without your glasses?      Yes                  No                  N/A

Do you have any visible tattoos?      Yes                  No

Do you have any food allergies? If so, please list.

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If you are not cast for the show, would you be willing to work on crew?      Yes                  No

If so, in what role?

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MEN ONLY:

Do you have facial hair?                      Yes                      No

If yes, would you be willing to shave it?                      Yes                      No

If no, would you be willing to grow some?                      Yes                      No

WOMEN ONLY

Would you be willing to cut your hair if asked?                      Yes                      No

Signature\_\_\_\_\_ Date\_\_\_\_\_