



Theatre Phone: 704-846-8343

www.matthewsplayhouse.com

Adult Audition Form

Name of Show: _____ Role(s): _____

Will you accept any role? _____

Please fill out form completely and write information legibly.

Name: _____ Age Range: _____

Address (include city/zip): _____

Primary Phone: _____ Secondary Phone: _____

Email: _____ Employment: _____

Hair Color: _____ Height: _____ Weight: _____

Are you willing to cut and/or change your hairstyle for this production? _____

List any performance experience (you may attach a résumé or use the back of form):

List any performing class experience (school chorus, church plays, school plays, church choir, etc.):

Please list ALL conflicts by date and time below. Refer to the schedule for all possible rehearsal dates. *If you are cast in the show, we will work around your schedule as much as possible. Please list only conflicts that cannot be changed.*

Please check any other areas of interest:

____ Backstage Crew ____ Box Office ____ Costumes ____ Lighting ____ Set Construction
____ Stage Management ____ Painting ____ Props ____ Publicity/Fundraising ____ Ushering ____ Other

YOU MUST BE AVAILABLE FOR ALL PERFORMANCES!