



Audition Form

Please write neatly

Production: _____ Date: _____
 Name: _____ E-mail: _____
 Address: _____ City: _____ Zip: _____
circle one Phone: (Cell/Home/Work): _____ circle one Phone 2: (Cell/Home/Work): _____
 Height: _____ Weight: _____ Hair color: _____ Age: _____

Role(s) interested in: _____

Would you accept another role? Yes No Chorus (if musical)
 May we add your email to our mailing list announcing future shows? Yes No

List recent theatrical experience below or attach resume

Role	Show	Theater Group	Year

Rehearsal Conflict Information

Please list ALL conflicts in the space below. A copy of the rehearsal schedule is available for perusal.

Musical Information

Vocal range: (Soprano, Tenor, etc): _____
 Dance experience: list dance style and # of years: _____
 Do you play a musical instrument? If yes, please list instrument: _____

Volunteer Information

The Hudson Players always welcome volunteers. Please check the area(s) you would be interested in:

- Box office Costumes Properties Usher
- Lighting Sound Set Construction Stage Manager
- Backstage crew Make-up Photography Other _____

=====DO NOT WRITE BELOW THIS LINE=====

Director's notes: