

MERIT THEATRE COMPANY & ORCHESTRA AUDITION FORM

Name: _____ Parent (if under 18): _____

Phone: _____ Email: _____

Age: _____ Height: _____ Hair Color: _____ Eye Color: _____

Any visible tattoos? (If yes, please describe.) _____

Role(s) Auditioning For: _____

Would you accept another role? YES NO

Would you accept an ensemble role? YES NO

Can you read music? YES NO If yes, how well? _____

Are you willing to cut, grow, or dye your hair? YES NO Shave or grow facial hair? YES NO

Circle Voice Type: BASS TENOR BARITONE
ALTO MEZZO SOPRANO

Circle Dance (if any): BALLROOM BALLET MODERN OTHER: _____

Other Applicable Skills: PROPS LIGHTS SOUND SET CONSTRUCTION/PAINTING

COSTUMES/SEWING HAIR MAKEUP SOCIAL MEDIA PHOTOGRAPHY

OTHER: _____

If not cast, would you still be interested in volunteering behind the scenes?

YES NO

Do you have a family member willing to volunteer throughout rehearsals and/or performances?

YES NO

Their Full Name: _____ Phone: _____ Email: _____

If you do not have an acting resume, please list any previous theatrical or other experience including singing, dancing, acting, training, etc.
