



# FIREBIRD THEATRE SUMMER 2019 MAINSTAGE MUSICAL AUDITION FORM

Audition Number: \_\_\_\_\_

Please fill out as much of the requested information below as possible, or circle the appropriate choice where applicable

STAPLE  
PHOTO  
HERE  
*(office use only)*

Full Name: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_

Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

What is your gender? \_\_\_\_\_

### NOTABLE PREVIOUS PERFORMANCE EXPERIENCE OR ROLES: (or Attach Resume)

_____	COMPANY	_____	YEAR	_____
_____	COMPANY	_____	YEAR	_____
_____	COMPANY	_____	YEAR	_____
_____	COMPANY	_____	YEAR	_____

### Roles for which you are auditioning:

1stChoice: \_\_\_\_\_

2<sup>nd</sup>Choice: \_\_\_\_\_

Would you consider other roles? YES NO      Would you accept an ensemble role? YES NO

Will you accept a role that differs from your gender as stated above? YES NO

### MUSIC AND DANCE TRAINING:

Can you read music?  Y  N      Singing ability: NONE AMATEUR TRAINED (# YEARS) \_\_\_\_\_ In a choir/chorus? Y or N

Voice: BASS TENOR BARITONE ALTO SOPRANO Skill: BEGINNER INTERMEDIATE ADVANCED

Instruments you play: \_\_\_\_\_ Skill: BEGINNER INTERMEDIATE ADVANCED

DANCE/MOVEMENT: BALLET POINTE TAP CONTEMP/MODERN HIP-HOP BALLROOM OTHER

Style |If Other| \_\_\_\_\_ # of Years: \_\_\_\_\_ Skill Level: BEGINNER INTERMEDIATE ADVANCED

Special Skills: STAGE-COMBAT JUGGLING CIRCUS CHEERLEADING GYMNASTICS TUMBLING ACRO

Other:

Other Skills to Note: RIGGING/FLYING      PROPS SEWING/COSTUMES      SET BUILDING      SET PAINTING  
SPECIAL EFFECTS      SOUND DESIGN LIGHTING

**ACTOR'S PREFERRED CONTACT INFO:**

Full Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Potential medical or other conditions to note:** (*serious allergies, phobias, etc.*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Are you currently performing/rehearsing anything now?** *Please note the show and schedule below:*

\_\_\_\_\_  
\_\_\_\_\_

**Are there any potential Scheduling Conflicts you're currently aware of?**

\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_

Parent or Guardian Info (if Under 18): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Doctor Name and Phone (if Applicable): \_\_\_\_\_

*Thank you for your interest in our production!*

*For Office Use Only*

Callback: YES NO Role Called Back For: \_\_\_\_\_

Role Offered: \_\_\_\_\_ Accepted Role: YES NO