



Audition Form

No: _____

Date: _____

Name: _____

Telephone: _____ Cell: _____

Email: _____

Address: _____

Gender: MALE or FEMALE Age: _____ Height: _____ shoe size: _____

What ROLE(s) are you most interested in? _____

Would you accept another role if cast differently? YES or NO (please be honest)

Please list previous theatrical/dramatic experience. Include acting, dancing, singing, and any other special talents!
(Use the back of page if needed.)

Rehearsal Conflicts: Please list days of the week that you are NOT available for rehearsal.
Include any weekend days and evenings.

Please list any regular activities that you participate in and on what day/time they normally occur. Include weekends and evenings.
Regular business and school hours *are not* necessary to list.

What is the earliest hour of the day that you could arrive at rehearsal? _____

List date(s) of any specific conflicts that you may have with a future rehearsal, *i.e.*: travel plans, medical appointments, meetings, etc.

How did you learn about the audition?

POSTER FTG WEBSITE/NEWSLETTER FACEBOOK FRIEND NEWSPAPER OTHER: _____

Volunteering: Show participants and families are encouraged to get involved at the Falmouth Theatre Guild!! There will be many opportunities to volunteer.

Please consider the following off stage opportunities and check off your interests.

Box Office/Usher Light Crew Set Construction
 Painting Prop Assistant Costumes Concessions

I have read the Falmouth Theatre Guild Policies.

Sign: _____ Date: _____

FTG Parent Permission and Contact Information

If you are under 18 years old, please have a parent or guardian complete this page and return to FTG.

Name of Person Auditioning: _____

I support my child's participation in the show, The Nerd. I have read the production letter and policies of Falmouth Theatre Guild. I understand that failure to comply with policies may result in my child's dismissal from the production. I further understand that my child's name and photo image may be included in publicity materials.

Parent's Name: _____

Signed: _____ Date: _____

Phone: _____ Cell: _____

Email: _____