

## **PLEASE PRINT LEGIBLY!**

## Please Attach Theatrical Resume/Headshot if available

| udition Piece:  |   | From Wh                | at Snow         |       |          |                     |  |
|---|---|------------------------|-----------------|-------|----------|---------------------|--|
| Name:   |   | Audition               | ion #:          |       |          |                     |  |
| Street Address:   |   | City, Stat             | cy, State, Zip: |       |          |                     |  |
| Best Phone #:   |   | Best EM/               | AIL Addre       | ess:  |          |                     |  |
| Emergency Contact Nai   | <br>me:   | Emergen                | cy Conta        | ct Ph | one #:   |                     |  |
| Emergency Contact Rel   | ationship:  | Gender/I               | ronouns         | ):    |          |                     |  |
| Height:   | ·   | Weight:                |                 |       |          |                     |  |
| Eye Color:  |   | Hair Colo              | r:              |       |          |                     |  |
| Vocal Part:   |   | Birth Dat              |                 |       |          |                     |  |
| Vocal Part.   |   | Birtii Dat             | e.<br>          |       |          |                     |  |
| List preferred role(s) you  | are auditioning for:  |                        |                 |       |          |                     |  |
|   | G   |                        |                 |       |          |                     |  |
|   |   |                        |                 |       |          |                     |  |
|   |   |                        |                 |       |          |                     |  |
| Please check yes/no for t   | the following:  |                        |                 |       |          |                     |  |
| Please check yes/no for t   |   |                        | YES             | NO    | MAYBE (E | EXPLAIN IF DESIRED) |  |
|   | roles not listed above:   |                        | YES             | NO    | MAYBE (E | EXPLAIN IF DESIRED) |  |
| Would you accept other r  | roles not listed above:   |                        | YES             | NO    | MAYBE (E | EXPLAIN IF DESIRED) |  |
| Would you accept other r  | roles not listed above: able role: study role:  |                        | YES             | NO    | MAYBE (E | EXPLAIN IF DESIRED) |  |
| Would you accept other r Will you accept an ensem Willing to accept an unders   | roles not listed above: lible role: study role: packs (if necessary)?   | character?             | YES             | NO    | MAYBE (E | EXPLAIN IF DESIRED) |  |
| Would you accept other r Will you accept an ensem Willing to accept an unders Are you available for callb   | roles not listed above: able role: study role: packs (if necessary)?  |                        | YES             | NO    | MAYBE (E | EXPLAIN IF DESIRED) |  |
| Would you accept other r Will you accept an ensem Willing to accept an unders Are you available for callb   | roles not listed above: able role: study role: backs (if necessary)? e costume pieces for your your hair style/facial hai | r/color for your role? |                 |       |          |                     |  |
| Would you accept other rewards will you accept an ensemed willing to accept an underse. Are you available for call but are you willing to provide an ensemed are you willing to change. Please indicate your persections. | roles not listed above: able role: study role: backs (if necessary)? e costume pieces for your your hair style/facial hai | r/color for your role? |                 |       |          |                     |  |
| Would you accept other rewards will you accept an ensemed willing to accept an underse. Are you available for call but are you willing to provide are you willing to change.  Please indicate your perse                  | roles not listed above: able role: backs (if necessary)? c costume pieces for your your hair style/facial hai             | r/color for your role? |                 |       |          |                     |  |

| Musical Training/Experie   | nce, please include instrumer         | nts you play well:   |   |  |  |  |
|--|---------------------------------------|--|---|--|--|--|
| D  |                                       |  |   |  |  |  |
| Dance Training/Experien  | ce:                                   |  |   |  |  |  |
| Other Theatrical Talents   | : (Juggling, Stage Combat etc.        | )  |   |  |  |  |
|  |                                       |  |   |  |  |  |
| If not cast, please list all   | production/technical areas w          | hich you would be interested in he   | elping with:                              |  |  |  |
| Most Recent /Relev   | vant Technical Theater Expe           | rience:  |   |  |  |  |
| Production Title   | Role                                  | Company  | Date                                      |  |  |  |
|  |                                       |  |   |  |  |  |
|  |                                       |  |   |  |  |  |
|  |                                       |  |   |  |  |  |
| lease list any recurring si  | tuations that may cause con           | flicts not listed on your conflict ca  | ilendar (commute, child care, etc         |  |  |  |
| erformances will be held in the niversity.                             | Gregory Family Theatre at the Hylto   | on Performing Arts Center on the Manassa   | as campus of George Mason                 |  |  |  |
| PLEASE NOTE: If cast in this prou<br>uction fee of \$25 to be collecte |                                       | re a current PWLT membership (\$5 annual   | ly for the 2023-2024 season). In addition |  |  |  |
| lease tell us how you heard abo  | ut auditions:                         |  |   |  |  |  |
| nembers will be responsible for  | providing their own approved foot     | nes, wigs, and makeup approved by the Dowear. Failure to attend rehearsals for which the production. All cast members are re | ch an actor has been scheduled or         |  |  |  |
| have read all of the information                                       | above and filled out the audition fo  | orm as legibly and accurately as possible.   |   |  |  |  |
| gnature:   | Date:                                 |  |   |  |  |  |
| or Auditioning Minors:   |                                       |  |   |  |  |  |
|  | f the auditioning minor. I will ensur | above. In addition, I understand that that e prompt communication with the produc  |   |  |  |  |
| arent/Guardian Printed Name  |                                       | Parent/Guardian Signature  |   |  |  |  |