

## **PLEASE PRINT LEGIBLY!**

## Please Attach Theatrical Resume/Headshot if available

Audition Piece:		From What Show:								
Name:		Audition #:								
Street Address:		City, State, Zi	n·							
Street Address.		City, State, Zi	μ.							
Best Phone #:		Best EMAIL A	Addre	ess:	:					
Emergency Contact Name:		Emergency C	onta	ct Ph	one #:					
Emergency Contact Relation	iship:	Gender/Pron	ouns	:						
Height:		Weight:								
Eye Color:		Hair Color:								
Vocal Part:		Birth Date:								
List preferred role(s) you are a	uditioning for:									
Please check yes/no for the fo	llowing:									
Would you accept other roles	not listed above:		YES	NO	MAYBE (EX	(PLAIN IF DESIRED)				
Will you accept an ensemble ro	ole:									
Willing to accept an understudy	role:									
Are you available for callbacks	(if necessary)?									
Are you willing to provide cost	ume pieces for your character?									
Are you willing to change your	hair style/facial hair/color for y	our role?								
Please indicate your personal I romantic contact, etc):	limits regarding the portrayal c	f physical intima	асу оі	nstag	e (i.e. typ	es of stage com	ıbat,			
Most Recent /Relevant Theater	Experience:									
Production Title	Role	Company				Date				

Musical Training/Experier	nce, please include instrume	nts you play well:				
Dance Training/Experiend	e:					
Other Theatrical Talents:	(Juggling, Stage Combat etc	.)				
f not cast, please list all p	 production/technical areas v	vhich you would be interested in h	elping with:			
Most Recent /Releva	ant Technical Theater Expe	rience:				
roduction Title	Role	Company	Date			
formances will be held in the (	Gregory Family Theatre at the Hylt	on Performing Arts Center on the Manass	as campus of George Mason			
versity.	regory raining rineative at the right	on tenoming Arts center on the Manass	as campas of George Mason			
EASE NOTE: If cast in this production fee of \$25 to be collected		ve a current PWLT membership (\$5 annua	Illy for the 2024-2025 season). In ad			
se tell us how you heard abou	ut auditions:					
mbers will be responsible for p	providing their own approved foot	mes, wigs, and makeup approved by the D wear. Failure to attend rehearsals for whi om the production. All cast members are r	ich an actor has been scheduled or			
ve read all of the information	above and filled out the audition fo	orm as legibly and accurately as possible.				
ature:		Date:				
Auditioning Minors:						
	the auditioning minor. I will ensu	above. In addition, I understand that that re prompt communication with the produ				
ent/Guardian Printed Name:		Parent/Guardian Signature:				