

**GAINESVILLE THEATRE ALLIANCE
AUDITION FORM**

I am auditioning as a (please circle one): Student Community Member Professional

Name _____ Phone (daytime) _____ (evening) _____

Address _____

City _____ State _____ Zip _____

Occupation _____ Major _____

Hair Color _____ Eye Color _____ Age _____ Weight _____ Height _____

Vocal Range _____ Do you play a musical instrument _____

List any acting, vocal, or dance experience or training on back:

Special Talents: _____

Will you accept any role offered to you? _____ Yes _____ No

Are there specific roles you want to audition for? _____

Do you have any health problems or any physical limitations that would restrict any movement (allergies, conditions, etc.)? _____

If not cast, would you be interested in working in any of the following areas?

___ Set Construction ___ Props ___ Make-up ___ Lights ___ Sound
 ___ Costume ___ Ushering ___ Running Crew ___ Box Office

PLEASE X THRU THE TIMES YOU COULD NOT ATTEND A REHEARSAL

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8 am							
9 am							
10 am							
11 am							
12 noon							
1 pm							
2 pm							
3 pm							
4 pm							
5 pm							
6 pm							
7 pm							
8 pm							
9 pm							
10 pm							

List any and all conflicts: _____