SHOW:	Audition Number



## Adult (18+) Actor Audition Form

## Personal Information: (Please print clearly)

First Name			_ Last Name			Age		
Your Address	S		_ City		_Zip	Height		
E-mail	Phone							
Pronouns:	☐ She / Her	☐ He / Him	☐ They / TI	hem	Other:			
audition dates being cast in	s until the final pe	erformance. Plea are a <b>college stu</b>	se be complete	night keep you from a ely honest. Conflicts w ive the dates you will	on't necessarily p	preclude you from		
Previous 1	Experience: Is	s this your APA	stage debut?	YES NO				
Please list up	to five (5) examp	les of previous 1	production exp	erience in any theater				
Musicals (	Only:							
Voice:	Soprano	Alto	Tenor	Bass	Scales	to		
Are you com	fortable singing:	Solo?	YES NO	Harmony? YES	NO in a choru	s? YES NO		
Do you have	any Dance experi	ence: YES NO -	If yes, explain	ı:				
Tell us if you	have any special	talents that may	be used in this	s production.				

(Continue to the back)

## 

Director's Notes:

**Desired Role(s) you are interested in :**