

BLUE LIGHT PLAYERS AUDITION FORM

Production Name: _____ Audition Date: _____

ACTOR INFORMATION:

Name: _____

Address: _____

Phone: _____ Email: _____

Height: _____ Weight: _____ Age Range: _____

Vocal Range (check one): Soprano Mezzo Alto Tenor Baritone Bass

Can you read music (check one): Yes No

Are you willing to cut or color your hair (check one): Yes No

AUDITION INFORMATION:

Role(s) Auditioning For: _____

Will You Accept A Different Role, including ensemble (circle answer): Y/N

Conflicts (please list any conflicts with dates shown on rehearsal schedule):

PAST PERFORMANCE INFORMATION:(attach resume, if available)

| SHOW | ROLE | LOCATION/GROUP | YEAR |
|------|------|----------------|------|
|------|------|----------------|------|

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

DANCE TRAINING: (please list styles): _____

PARENT SIGNATURE: (if under age 18): _____