



OFF-BROADWAY MUSICAL THEATRE AUDITION FORM

(Please Print)

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone #1: _____ Phone #2: _____

E-Mail Address: _____

Male Female Age _____ Height _____ Hair Color _____

For which role(s) are you reading? _____

Will you accept any speaking role? Yes No

Will you accept any **non-speaking** role? Yes No

Vocal Range: _____ Can you read music? Yes No

Musical instrument(s) you play: _____

Any special talents? (juggling, gymnastics, etc): _____

On which technical crews would you be willing to work?:

VERY IMPORTANT: List **ALL** schedule conflicts weeknights 6:30 – 10:00 pm during rehearsals and 7:00 – 11:00 pm during show run:

Highlights of past musical, theatrical, vocal, dance and tech experience:
(Attach resume if available)

Where did you hear about Off-Broadway Musical Theatre?

Theatrical Website Sun-Post Paper
 School Posting Past
Association
Facebook Friend OBMT
Website Other: _____

Staple Photo Here **X**

This Area For Staff Use Only

ACTING:

VOICE:

DANCE:

MISC:

CALL BACK NEEDED: Yes
No

PART(S):

OBMT USE:

Notified of Call Back: Date: _____

Initials: _____

Notified of Casting: Date: _____

Initials: _____

Notified of Non-Casting: Date: _____

Initials: _____

jmt:3.23.12