



WALPOLE CHILDREN'S THEATRE, INC

Audition Form

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ E-MAIL: _____

DATE OF BIRTH: _____ AGE: _____

LIST PREVIOUS ACTING EXPERIENCE: (LAST 3 SHOWS)

HAVE YOU AUDITIONED FOR WCT BEFORE ? YES NO **HOW MANY TIMES?** _____

DO YOU HAVE ANY DANCE EXPERIENCE? YES NO

ARE YOU PLANNING ANY VACATIONS DURING PRODUCTION? YES NO

IF SO, WHEN? _____

REHEARSALS WILL BE HELD ON: SUNDAY & TUESDAY (SOME THURSDAYS)

DO YOU HAVE ANY PRIOR COMMITMENTS THAT MAY KEEP YOU FROM ATTENDING REHEARSALS?

YES NO **IF SO SPECIFIC DAYS THAT ARE A PROBLEM?** _____

IF YOU DO NOT GET CAST, WOULD YOU BE WILLING TO...

HELP BACKSTAGE? YES NO **- IF SO, AREA OF PREFERENCE:** _____

BE AN EXTRA/ENSEMBLE? YES NO

NAME OF PARENTS OR LEGAL GUARDIAN:

NAME : _____ PHONE: _____ EMAIL: _____

NAME : _____ PHONE: _____ EMAIL: _____

OTHER ALTERNATE NUMBER IN CASE OF EMERGENCY (INCLUDE WORK AND CELL #'S)

NAME : _____ PHONE: _____ CELL: _____

TODAY'S DATE: _____ PERSON CONDUCTING INTERVIEW: _____

QUICK DESCRIPTION: _____

AUDITION NOTES: _____
