

PLAYHOUSE 1960

MAINSTAGE AUDITION FORM

Play: _____ Date: _____

Name: _____

Address: _____

Phone Number: _____ Cell: _____

Email Address: _____

Age range: _____

Hair color: _____ Eye color: _____

Will you take any role? Yes No

If no, which role(s) are you auditioning for? _____

List theatre experience: _____

List any conflicts you have with rehearsal and/or show dates:

If you are new to Playhouse, how did you hear about auditions?

Note: If you are cast, you must become a member of Playhouse 1960 (this is a nominal fee) and are responsible for your own costume. Memberships are renewed every January 1st. Please ask your director for details.