



EMERALD COAST THEATRE COMPANY AUDITION FORM

Please indicate show(s)/role(s) of interest:

Show: _____ Role: _____

Show: _____ Role: _____

Show: _____ Role: _____

Show: _____ Role: _____

Show: _____ Role: _____

Performers must be available for proposed rehearsal dates and shows. Last minute changes in availability and/or conflicts may be cause for termination. Conflicts stated in advance may be honored at the producer's discretion. Callbacks for shows will be scheduled and held at a later date. Most communication is by email, prompt responses are expected.

Name: _____ E-Mail: _____

Mobile Number: _____ Age: _____ Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____ Vocal Part: _____ Vocal Range: _____

- Actors Equity Non - Equity Reliable Transportation
- Housing Required Housing Desired Local/Housing NOT Required

Please list any dates you are unavailable during the rehearsal and/or production period. Include any primary job hours that may include daytime, nighttime, or weekend hours: _____

Please mark AVAILABLE for all blocks of time that you would be free to rehearse.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
9am-12:30pm							
1pm-4:30pm							
6pm-10pm							

Are you Interested in Cabaret Revues, Caroling, Atmosphere actor work, one off gigs, etc : _____

Special Skills: _____

Please attach a headshot/resume. In the absence of a resume please list experience on the back of this form. We do not notify you of casting decisions. You are welcome to call or email and ask if a show has been cast.

I acknowledge that the above availability is true and correct and understand that any changes in availability may affect casting. (Offers will come with a non negotiable rehearsal schedule.)

Signature: _____ Date: _____