PRODUCTION: _____

AUDITION FORM

West Hudson Arts & Theater Company

NAME: _____

AGE: _____ **HEIGHT:** _____

ADDRESS: _____ **CITY/STATE/ZIP:** _____

PHONE: _____ **EMAIL ADDRESS:** _____ ☐ **Add to email list**

VOCAL RANGE: ☐ SOPRANO ☐ ALTO ☐ TENOR ☐ BARITONE ☐ BASS

Are you auditioning for a particular role? _____

Would you accept a part with few or no lines? ☐ Yes ☐ No

Would you be willing to play multiple parts? ☐ Yes ☐ No

Do you have any special talents? (play an instrument, juggle, etc.)

Rehearsal Availability

☐ Weekday evenings ☐ Saturday mornings ☐ Sunday afternoons

☐ Week start/end time: _____ ☐ Saturday afternoons ☐ Sunday evenings

Please list all conflicts you have between today and the performance dates:

Previous Acting/Singing/Performing Experience

Please list your recent acting or performing experience below. List all W.H.A.T. productions. (continue on back or attach resume if necessary)

How did you hear about this audition? (Check all that apply)

☐ W.H.A.T. Website ☐ W.H.A.T. Newsletter ☐ Friend _____

☐ Facebook ☐ NJTheater.org ☐ Newspaper _____

☐ Instagram ☐ NJ.com ☐ Other source _____