

Shakespeare in the Woods Audition Form

Personal Information

Your Name: _____ DOB: ____/____/____

Phone Number: (____) ____ - ____ Email: _____

Emergency Contact:

Name: _____ Phone: (____) ____ - ____

Relationship: _____

Desired Role: _____ Can we consider you for other roles? Yes or No

Non-Theater Experience

Current Employer: _____ Position: _____

Work Schedule: _____

Acting Experience

Availability

Do you have any summer commitments that may interfere with rehearsals or productions? Yes No

We cannot consider you for casting if you won't be able to attend all dress rehearsals and performances.

By signing below, you allow PAFAC to share your information with the entire Creative and Production Team, and use any photos taken during auditions for future marketing and publications. You also certify that you answered the questions above truthfully, and competently.

X _____ Date: ____/____/____