

Connecticut Theatre Company Audition Form

Audition # _____

Name: _____ Pronouns: _____

E-Mail: _____

Contact Number(s): _____

Are you willing/able to receive texts at this number? _____

City: _____ State: _____ Vocal Type/Range: _____

Preferred Role(s): _____

Other role(s) you may accept if offered (you will not be considered for any role you have not listed):

Where did you hear about these auditions? _____

Are you fully vaccinated for the COVID-19 Virus? _____

Please use the following section to list your prior theatre experience or attach your resume to this form. We welcome new performers of all levels of experience!:

Play	Role	Theatre	Date

We anticipate rehearsals will be held 3-4 evenings during the week and one rehearsal during the weekend until the tech week for the show, when rehearsal will become a nightly occurrence. Please list any and all dates you will be unavailable during the rehearsal process:

Signature: _____ Date: _____

I certify that I am above the age of 18 and authorize the use of my image Video/Still for the production promotion and web site as needed.

Signature: _____ Date: _____

I certify that I am the parent/legal guardian of the above named party (under the age of 18) and hereby authorize the use of my child's image video/still for the production promotion and website as needed.