

# 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 any prior theatre experience or attach your resume to this form. We welcome new performers of all levels of experience!:

<b>Play</b>	<b>Role</b>	<b>Theatre</b>	<b>Date</b>

We anticipate rehearsals will be held 3-4 evenings during the week and once 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:

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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.