

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):

What dance training or experience do you have?

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!:

Play	Role	Theatre	Date

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:

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.