



CHEYENNE LITTLE THEATRE PLAYERS

AUDITION FORM (PLEASE PRINT)

SHOW: _____

Name: _____ Audition Number _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Age: ____ Gender: _____ Height: _____ Hair Color: _____

Voice Range (if known): _____

Song/Monologue Performed _____

Dance Training (if any): _____

Any Other Special Skills/Training: _____

I am willing to change my appearance (e.g. alter facial hair, color/cut hair) yes _____ no _____

I am interested in the following role(s) _____

_____ And **WILL NOT** accept any others

_____ But **WILL** accept others

If not cast, would you like to be part of the crew? ___ Yes ___ No

Area(s) of Interest (mark all that apply):

___ Rehearsal Pianist

___ Front of House (Box Office, Usher, etc)

___ Set Construction

___ Light Board Operator

___ Costumes

___ Props

___ Light Crew

___ Dresser

___ Stage Management

___ Sound Board Operator

___ Makeup Crew

___ Stage Crew

___ Sound Crew

___ Other _____

Previous Experience: (Attach a resume or additional sheet, if needed)

Play Title	Role	Theatre/Location

**** Audition Form continues on the back. Please fill out ALL areas.**

Please List **ALL** known conflicts between now and the final performance, including work calls
(EXTREMELY IMPORTANT):

How did you hear about auditions?

Newspaper Advertisement

Program Advertisement

Word of Mouth

Website

Email

Facebook

Instagram

If cast, please understand that you are agreeing to:

1. Being on time and attending all rehearsals as scheduled (unless prior arrangements are made with Director)
2. Being prepared for rehearsals and meeting all deadlines as established by director(s)/production crew.
3. Being courteous and respectful to director(s), fellow actors, production team, and crews.
4. Participating in and making Saturday tech work calls a priority.
5. Having a positive attitude, working hard and having fun!

I hereby understand that **ALL** participants in Cheyenne Little Theatre Players are **REQUIRED** to sign a standard liability form (those under the age of 18 **MUST HAVE** the signature of a parent or legal guardian) to participate in any CLTP activity. Release forms are attached and **MUST BE** signed. CLTP suggests that all individuals carry their own health insurance.

Signature

Parent/Legal Guardian Signature (Required if under 18)

Name Printed

Name Printed

For Director's Use ONLY