



Audition Form

Name _____

I prefer to be called _____ My pronouns are _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Text? Yes _____ No _____

Email Address _____

Are you a: **Current SCC Student?** _____ **Future SCC Student** _____ **YPT Student** _____ **Area high School Student** _____ **SCC Alumni** _____
SCC Faculty/Staff _____ **Community Member** _____

Briefly describe your acting experience. Please indicate when, where and what role you played.

Please describe any special skills. (i.e. music, dancing, stage combat, gymnastics, foreign language, accents or other skills)

What is your vocal range? _____ Soprano _____ Alto _____ Tenor _____ Baritone _____ Bass

Are you willing to cut or color your hair? Yes _____ No _____

Men: Are you willing to grow or shave facial hair? Yes _____ No _____

Please indicate if you are interested in any particular role: _____

Are you willing to accept any role? _____ Yes _____ No *(Please be honest, neither answer will prevent you from being cast.)*

If you are not cast, are you interested in working backstage? _____ Yes _____ No *(Again, please be honest, neither answer will prevent you from being cast.)*

How did you hear about this audition?

_____ **SCC Center Stage Facebook** _____ **Facebook-St. Louis Metro Theatre Group**

_____ **SCC Website** _____ **SCC Twitter** _____ **SCC Portal Announcement** _____ **Audition Poster** _____ **Audition announcement mailed to you**

_____ **Audition Announcement you picked up on campus** _____ **Saw it on the on-campus marketing televisions**

_____ **Other** _____

(Where)

Please list on the back of this form all dates and times you will be *unavailable* for rehearsals: