



AUDITION APPLICATION

Name _____

Email _____

Address _____ Phone-Cell _____

City / Zip _____ Phone-Home _____

If cast, do you give permission for GTE to publish photos of you for publicity purposes: **Yes:** ____ **No:** ____.

Desired Role(s): _____ Will you accept any role? **Yes:** ____ **No:** ____

Special Performance Skills (i.e. Juggling, Guitar Playing, Handstands, Gymnastic etc.): _____

Previous Experience (or attach resume):

Show/Role	Theatre Company	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there any other information you would like to share with us?

Availability: Circle days you are available to rehearse during the week and hours available (for example, after 6 pm or between x-y):

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Please list known conflicts?

Application Signature

Please bring this completed application with theatrical resume (if available) to your initial audition.

Signature: _____ **Date:** _____

Parent Signature (if actor is under 18) _____

Parent Email: _____ **Parent Phone:** _____