



P.O. Box 474, Brockville Ontario K6V 5V6

Audition Form

Name (print): _____ Production _____

Are you 17 or younger? _____ Name of legal guardian: _____

Address: _____
 Street City Postal Code

Height: _____ Phone Number: (_____) _____ Email: _____

Information collected on this form will be used solely for use in coordinating this production (i.e. auditions, rehearsals and production). All cast must become members of the Brockville Theatre Guild in good standing and abide by all policies.

Are you a member of the Canadian Actors Equity Association? (CAEA):

Is there a specific role you would be interested in? _____

I permit my images & video collected at auditions, rehearsals & auditions to be used for promotional purposes

initials

Would you be willing to assist in any other way (set/props/costumes/lights /promo/stage management)?

Please list any previous stage experience (list most recent or major roles)

<u>Production Name</u>	<u>Role</u>	<u>City / Year</u>

Schedule conflicts:

Director remarks / notes:
