EMERALD COAST THEATRE COMPANY AUDITION FORM

Please indicate show(s)/role(s) of interest:

_Date:_____

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emeral theatre	d coast company

				Show:		Role:		
	"			Show:		Role:		
				Show:		Role:		
emerald				Show:		Role:		
theatre co	ompany			Show:		Role:		
D f	h 1 - h l - 4		h 1 - 1 - 1 - 1					
Performers must conflicts may be Callbacks for sho expected.	cause for tern	nination. Confl	icts stated in ac	dvance may be l	honored at the	producer's disci	etion.	
Name:			E-l	Mail:				
Mobile Number:			Age:	Heig	ıht:	Weight:		
Eye Color:	Hai	r Color:	Voc	cal Part:	Voca	I Range:		
□ Male:	Suit Size		Pant Size	Shoe Size				
□ Fema	le: Dress Siz	e	Pant Size _	Shoe Size				
		 Actors Equit 	v □ Non - Ed	quity □ Reliable	Transportation	1		
	□ Hous	•		sired □ Local/F	•			
Please list any da that may include	ates you are u	ınavailable duri	ng the rehears	al and/or produc	ction period. Inc	clude any prima		
Please mark AVA	JLABLE for a	I blocks of time	that you would	be free to rehe	arse.			
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
9am-12:30pm								
1pm-4:30pm								
6pm-10pm								
Special Skills:								
Please attach a he	adshot/resume	In the absence	of a resume plea	ase list experience	e on the back of	this form. We do	not notify you of	
casting decisions.			•	-			, , , , , , , , , , , , , , , , , , ,	
I acknowledge that	the above ava	ilability is true an	d correct and un	derstand that any	changes in avai	lability may affect	casting. (Offers	
will come with a non i	negotiable rehear	rsal schedule.)						

Signature: