

AUDITION FORM

Part I: To be filled out by the actor

Name	Age	Height	SAG-AFTRA?
Email	Phone		
Resume and Photo: <input type="checkbox"/> Attached	URL Link		
Agent (name and contact)			
Parent name / contact info. (for under 18 y/o)			
Role(s) for which you are auditioning.			
Will you consider other roles if offered?			

Schedule: Indicate times that you are unavailable between the dates _____ and _____

	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.
am							
pm							
eve							

To be filled out by Production:

Production Title:		
Director	Producer	Casting Agent

AUDITION NOTES:

Audition date: _____