



SAINTS & POETS PRODUCTION COMPANY

NAME _____ AGE RANGE _____

ADDRESS _____

HOME PHONE _____ WORK PHONE _____ MOBILE PHONE _____

EMAIL ADDRESS _____

FOR WHICH ROLE(S) ARE YOU AUDITIONING?

WOULD YOU ACCEPT A ROLE NOT LISTED ABOVE?

WOULD YOU BE INTERESTED IN ASSISTING WITH OTHER ELEMENTS OF THE PRODUCTION (SET, COSTUMES, PUBLICITY, ETC.)? PLEASE SPECIFY.

HOW DID YOU HEAR OF THIS AUDITION? WEB / SOCIAL MEDIA / LISTSERVE / PRINT PUBLICATION / FLYER / WORD-OF-MOUTH / OTHER. PLEASE SPECIFY.

WOULD YOU BE WILLING TO CHANGE YOUR APPEARANCE FOR THE PRODUCTION (HAIR, BEARD, ETC.)?

PREVIOUS THEATRICAL EXPERIENCE (PLEASE ATTACH A RÉSUMÉ IF AVAILABLE):

THE SAINTS AND POETS PRODUCTION COMPANY
PO BOX 592, COLCHESTER, VERMONT 05446
INFO@SAINTSANDPOETSPRODUCTIONS.ORG
WWW.SAINTSANDPOETSPRODUCTIONS.ORG

PLEASE LIST ANY CONFLICTS OF WHICH YOU ARE CURRENTLY AWARE:

PLEASE LIST ANY SPECIAL ABILITIES OR LIMITATIONS OF WHICH YOU'D LIKE TO MAKE US AWARE.

ALL PERSONS CAST WILL RECEIVE A PHONE CALL LETTING THEM KNOW OF THE DIRECTOR'S DECISION. IF NOT CAST, WOULD YOU PREFER TO BE INFORMED:

BY PHONE / BY EMAIL / NOT AT ALL

REFERENCES (PLEASE LIST 2-3 PEOPLE WITH WHOM YOU HAVE WORKED IN A THEATRICAL CAPACITY AND ANY CONTACT INFORMATION YOU CAN PROVIDE):

WOULD YOU LIKE TO BE ADDED TO OUR EMAIL LIST TO LEARN MORE ABOUT UPCOMING AUDITIONS, PRODUCTIONS, MEETINGS, ETC.?

MY SIGNATURE BELOW INDICATES THAT I HAVE COMPLETED THE ABOVE AUDITION FORM AS COMPLETELY AND ACCURATELY AS POSSIBLE. I HAVE CAREFULLY CONSIDERED THE PROPOSED REHEARSAL SCHEDULE AND PRODUCTION DATES AND AM WILLING TO FULLY AND WITHOUT RESERVATION COMMIT TO PARTICIPATION IN THIS PRODUCTION.

SIGNATURE: _____

PRINT NAME: _____

DATE: _____