

LEGEND CITY

A NEW MUSICAL

Audition Form – 2017 Staged Reading

NAME: _____ **AGE:** _____

ADDRESS: _____

City: _____ **Zip:** _____

PHONE: _____

attach current photo

EMAIL: _____

HAIR: _____ **EYES:** _____ **HEIGHT:** _____

What roles are you auditioning for? 1. _____

2. _____ **3.** _____

Are you willing to except other roles? Yes No

List your most recent theater experiences:

Show

Role

Group

List any dance experience, vocal and/or instrumental training, gymnastics or any other special talents:

Do you have any conflict dates for rehearsals before our August 12th Performance Date? If yes, list them: _____

*I understand the commitment level of this production. By signing, I release First Key Creations LLC of all legal responsibility from any bodily harm which may occur in the course of rehearsals and productions.

Signature _____ date _____