

ADULT ACTOR AUDITIONS

General Auditions

Audition Date _____

Audition Number (if applicable) N/A

Please print clearly. Thank you!

NAME _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

HOME PHONE _____

MOBILE PHONE _____

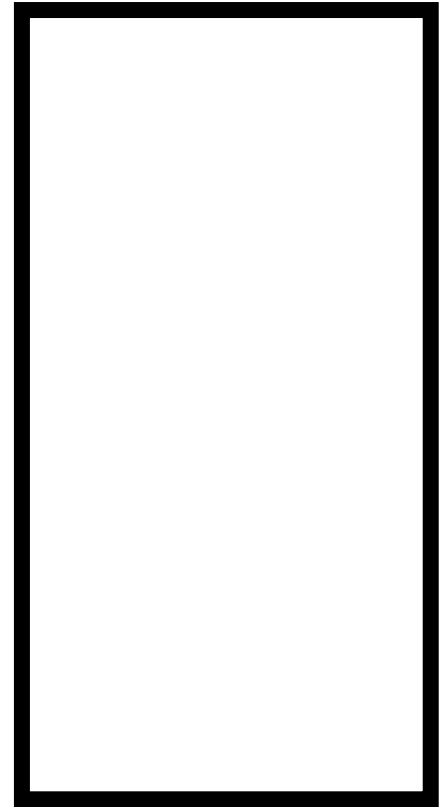
E-MAIL ADDRESS _____

ETHNICITY _____

VOICE TYPE (sop, alto etc.) _____

VOCAL RANGE _____

UNION AFFILIATION(S) _____



HEIGHT _____

SUIT / DRESS SIZE _____

PANT SIZE _____

WEIGHT _____

SHIRT / BLOUSE SIZE _____

SHOE SIZE _____

DO YOU PLAY AN INSTRUMENT? YES NO **IF YES, WHICH ONE(S) AND FOR HOW MANY YEARS?**

How did you hear about this audition? (check all that apply)

CTC Website MN Playlist Other _____