Audition Form

Role(s) Reading For: _____

Name: _____

Email Address:_____. Cell Phone: _____

Experience:

(list below, on the back OR attach a resume)

_____

_____

_____

_____

_____

_____

_____

If you do not get a role, would you be interested in assisting us in another capacity on the show?

☐ Yes (areas of interest) _____ ☐ No

Please Note: If you accept a role in this production and are not already a member of Theatre Burlington, you will be required to pay the **annual membership fee of $25**.

Please sign below to signify that you are aware and agree to these terms.

Signature_____ Date: _____

*If applicant is under 18yrs of age, a Parent or Guardian signature must be provided *