



Theatre Burlington Audition Form

Role(s) Reading For: _____

Name: _____

Address: _____

City: _____ Postal Code: _____ Phone: _____

Email Address: _____ Cell Phone: _____

Age Range: _____ Hair Colour: _____ Height: _____

Experience:

(list below 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 *