

Audition Form

Show you are auditioning for _____

Name _____ Age range you can play _____

Part you are auditioning for: First Preference _____ Second or NA _____

Home Number _____ Mobile _____

Home Address (include zip code) _____

Email Address _____ Check it often? Yes _____ No _____

Do you have any disabilities regarding sight or hearing? Yes _____ No _____

Please explain limitation _____

Ethnicity _____ Height _____ Eye Color: _____ Hair Color: _____

Build/frame XL Large Medium Small XSmall

Do you sing? Yes No Do you have previous acting experience? Yes No

If so, please list experience below: (Please include name of show, character played and year performed OR attach resume)

Do you have any other special skill or talent? _____

Are you a member of any acting association? Yes No

Will you accept another role if offered? Yes No

Will you have transportation to and from rehearsals? Yes No

Would you be willing to take on other duties as needed for this production or any AWP Production? Yes No

Check all that apply:

___ Stage Crew ___ Costume Design ___ Ticket taker ___ Understudy

___ Production Assistant ___ Set Design ___ Usher ___ Musician

___ Technician ___ Stage Management ___ Choreographer

Are you on FaceBook or other social media? Yes ___ No ___

Please list all _____

Are you comfortable singing: Solo? Yes No Harmony? Yes No

Chorus? Yes No

Do you have any dance experience? Yes No If so, please describe: _____

Desired Roles:

- I will only accept the role I have marked above.
- I am interested in accepting any part the director decides, including chorus only.
- I am only interested in being part of the off-stage production team.
- I am only interested in the chorus part.

Conflicts: Rehearsals will be held starting late January up until the show. They will start out twice a week and then increase to three times a week in mid-March. Please list below any conflicts you may have with rehearsal dates between now and the performance date. Please be honest. Conflicts will not preclude you from being cast in this show.

- Please bring this completed form with you to the audition.
- This will be a cold reading. You will be reading sides from the part you are auditioning for; however, please have a 1 minute monologue prepared.
- Please arrive on time, if you are not there when your appointment is scheduled, you will have to wait for an open slot or reschedule.
- If you are not going to be able to attend your scheduled time, please contact us right away.

Contact information:

Email: angelwingproject07@gmail.com

Phone: 443-433-6250

Website: www.theangelwingproject.org

Mailing Address: P.O. Box 1818
Glen Burnie, MD 21060

AWP reserves the right to select the actor they feel most suited for the role. AWP does not in any way discriminate based on race, ethnicity, religion sexual orientation or gender identity.