

PLEASE PRINT CLEARLY!



TRP Audition Form (Director's Copy)

Your Name _____

Desired Role(s) _____

- I will accept other role(s)
 I am only interested in the role(s) listed

Contact Information

Street Address _____

City / State / Zip _____

Email Address _____

Phone Number _____

Alt. Phone Number _____

Best Time to Call _____

Personal Attributes

Age Range _____

Sex _____

Height _____

Weight _____

Eye Color _____

Hair Color _____

Show-Specific Details

List all possible conflicts with rehearsal times (*rehearsals are generally 7-10pm weekdays with some weekend hours*):

Special notes or comments for the director's consideration:

Include headshot and resume with this sheet. If you have no resume, list pertinent experience on the back of this page. This form and its attachments become the property of the director.

