



# PROFESSIONAL ARTIST

Audition Information Sheet

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address (please print legibly) \_\_\_\_\_

On the back of this form, please list three musical productions you have performed in, preferably your most recent shows, or attach your resume. (No experience required.)

Do you read music? (Circle one)      Yes      A little No      Huh?

Vocal Range: \_\_\_\_\_ Vocal Coach (if applicable): \_\_\_\_\_

Name of your local newspaper: \_\_\_\_\_

Please list your top three concert choices in order of preference.

#1 \_\_\_\_\_

#2 \_\_\_\_\_

#3 \_\_\_\_\_

Rehearsals are generally on Monday evenings and tech rehearsals are the night before opening.

Please list all known conflicts that would prevent you from attending possible rehearsals or a performance. **If you have no conflicts, (or can arrange your schedule) write "None" in the space below.** Please be accurate and honest.

Conflicts: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about auditions?

\_\_\_\_\_

