



AUDITION INFORMATION SHEET

PLEASE FILL OUT ONLY ONE SHEET EVEN IF AUDITIONING FOR MULTIPLE SHOWS

Name:

Best Phone #:	Alternate Phone #:
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Street Address:

City:	State:	Zip:
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Email address:

My pronouns are:

Have you ever auditioned for a show at Music Guild before? Yes No Age (if under 18) _____

How did you learn about our auditions?

Are you willing to change your hairstyle for a role? Yes No

Are there casting opportunities at other theatres which may delay your casting decision? Yes No

Rank show preference (1-3) for shows you are auditioning for and list role preference(s) as applicable.

	# ___ June Show	# ___ July Show	# ___ August Show
Role Preference 1			
Role Preference 2			
Role Preference 3			
Role Preference 4			
Will you accept any role, including ensemble?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

List all scheduling conflicts during rehearsal periods for shows you are auditioning for.

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List significant roles you have played in the past.

Year	Theatre	Show Title	Role

QCMG is a community theater relying entirely on the time and work of generous volunteers to operate. If NOT auditioning for the first time, list your recent volunteer work off-stage at Quad City Music Guild.

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If you do, or have, taken voice lessons, please list with whom and for how long:

Vocal Coach:	How long:
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Vocal Range: Soprano Mezzo Alto Tenor Baritone Bass

Do you sing harmony? Yes No Do you read vocal music? Yes No

If you do, or have, taken dance lessons, please list for how long:

Style:	<input type="checkbox"/> Jazz	<input type="checkbox"/> Ballet	<input type="checkbox"/> Tap	<input type="checkbox"/> Modern
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If not cast, or if cast and you have time, please check volunteer opportunities in which you are interested.

<input type="checkbox"/> Stage crew	<input type="checkbox"/> Box office	<input type="checkbox"/> Parking lot	<input type="checkbox"/> Bus greeter	<input type="checkbox"/> Concessions
<input type="checkbox"/> Merchandise sales	<input type="checkbox"/> Lighting	<input type="checkbox"/> Sound	<input type="checkbox"/> Set building/painting	<input type="checkbox"/> Make up
<input type="checkbox"/> Props	<input type="checkbox"/> Orchestra	<input type="checkbox"/> Ushering	<input type="checkbox"/> Costumes/wardrobe	<input type="checkbox"/> Building maintenance
<input type="checkbox"/> Other:				