



# AUDITION FORM

## The Odd Couple, Female Version

Date: \_\_\_\_\_

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

Gender Pronouns: (please circle) He/Him She/Her They/Them Other: \_\_\_\_\_

Gender Identity: (please circle) Female Male Gender-queer/Gender-fluid Prefer not to say  
Other: \_\_\_\_\_

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

Phone Number(s): \_\_\_\_\_

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

Facebook? Yes \_\_\_ No \_\_\_

Are you over 18 years old? Yes \_\_\_ No \_\_\_

**Formal Training** (acting, voice, dance, technical, other)

\_\_\_\_\_

**Past Experience** (name of show, part played, when, where, *continue on separate page if needed*)

\_\_\_\_\_

\_\_\_\_\_

Part or parts auditioning for: \_\_\_\_\_

Will you take another role, if offered? \_\_\_\_\_

Do you have any physical limitations that would prevent you from performing strenuous or repetitive movement? (ie: leaping, sliding on knees, climbing ladders, lifting heavy objects, etc.) \_\_\_\_\_

Are you interested in any technical positions? \_\_\_\_\_

If so, in what capacity? \_\_\_\_\_

Anything else you would like to tell us about in order to provide a positive space for you?

\_\_\_\_\_

If the show proves a substantial success, would you potentially be available for additional performances the weekend of May 7-10th? \_\_\_\_\_

