

WESTSIDE PLAYERS INC. AUDITION SHEET

(Please print legibly)

Audition Date: _____ Show: _____ Do you have a prepared reading? Yes No

Female Male Age: _____ Height: _____ Weight: _____ Hair Color: _____ Eye color: _____

Name: _____

Address: _____
(Street) (City, State) (Zip)

Telephone: _____
(Home) (Work) (Cell)

E-mail Address: _____

Hometown: _____

Any Limitations? (Fear of heights, restricted movement, etc.) _____

SIZES:

WOMEN: Dress/skirt: _____ Pants: _____ Blouse/shirt: _____ Shoes: _____
MEN: Suit/Jacket: _____ Pants: _____ Shirt: _____ Shoes: _____ Hat (if known): _____

Would you change your hair color or style? Yes No

Are there any conflicts with subject matter or content (language, subject of material, style of dress, etc.)?

Check positions interested in: Acting Stage Manager/Asst. Director Set Construction Props
Lighting/Sound Running Crew Costuming Other (Please specify below):

Experience/training/education/special talent, etc. _____

Do you want to be notified of future auditions? Yes No

IMPORTANT: On the other side of this sheet, please mark the schedule for availability - thank you.

