

Worcester County Light Opera

Audition No. _____

Audition Form

(Note: In order to avoid any misunderstandings – please be advised that we do not pay actors to appear in our productions.)

Personal Information			
Full Name:	_____	_____	_____
	<i>First</i>	<i>Last</i>	<i>M.I.</i>
Address:	_____		
	<i>Street Address</i>	<i>Apartment/Unit #</i>	
	_____	_____	_____
	<i>City</i>	<i>State</i>	<i>ZIP Code</i>
Home Phone: ()	_____	Alternate Phone: ()	_____
E-mail Address:	_____		
Emergency Contact Name:	_____	Phone: ()	_____
How did you hear about auditions? <input type="checkbox"/> Friend <input type="checkbox"/> Newspaper <input type="checkbox"/> Email <input type="checkbox"/> Other _____			

Experience & Training			
Please list your last 5 shows:			
Name of Show	Role(s)	Production Company	When

Please list any Vocal, Dance, or Acting Training:

Vocal: _____

Dance: _____

Acting: _____

Other: _____

Today's Audition
Role(s) auditioning for today?
First Choice: _____
Second Choice: _____
<input type="checkbox"/> I will accept ANY role or ensemble part offered (be honest) <input type="checkbox"/> I will NOT accept any other role offered
Please check the rehearsal schedule and production dates carefully and list below any conflicts you know you have at this time. Please speak to the director before you leave today if you have any concerns.
Conflicts: _____
Best days/nights for you to rehearse: _____

FOR WCLOC USE ONLY	
Audition Score: _____	Considered for: _____
Call Back: Yes No	Role(s) Cast: _____
Call Back Score: _____	Roles(s) Accepted: _____

Note: All cast members are asked to become annual members of WCLOC - Annual Individual Membership fee = \$20.00