

# MCMT AUDITION FORM

Please fill out as much of the requested information as possible,  
or circle the appropriate choice where applicable

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

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Gender: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

## PERFORMANCE EXPERIENCE AND ROLES

Notable Previous Performance Experience or Roles:

_____	COMPANY	_____	YEAR	_____
_____	COMPANY	_____	YEAR	_____
_____	COMPANY	_____	YEAR	_____
_____	COMPANY	_____	YEAR	_____
_____	COMPANY	_____	YEAR	_____

Role You're Auditioning for (1st Choice): \_\_\_\_\_

(2nd Choice): \_\_\_\_\_ (3rd Choice): \_\_\_\_\_

Would you consider other roles? YES NO If so, which gendered roles are you willing to play? MEN WOMEN

Would you accept an ensemble role? YES NO Are you willing to play an understudy? YES NO

## MUSIC AND DANCE TRAINING

Can you read music? YES NO Singing ability: NONE AMATEUR TRAINED ( \_\_\_\_\_ YEARS)

Voice: BASS TENOR BARITONE ALTO SOPRANO Skill: BEGINNER INTERMEDIATE ADVANCED

Instruments you play: \_\_\_\_\_ Skill: BEGINNER INTERMEDIATE ADVANCED

Dance/Movement: BALLET TAP JAZZ CONTEMP/MODERN HIP-HOP BALLROOM OTHER \_\_\_\_\_

Dance Training # of Years: \_\_\_\_\_ Skill Level: BEGINNER INTERMEDIATE ADVANCED

Special Skills: STAGE COMBAT JUGGLING ACROBATICS CIRCUS CHEERLEADING GYMNASTICS

Other Skills to Note: \_\_\_\_\_

**OTHER OPPORTUNITIES WITH US**

If not cast as a performer, would you be interested in working as crew or stage manager? YES NO

Other Applicable Skills: STAGE MANAGEMENT LIGHTBOARD SPOTLIGHT SPECIAL EFFECTS

RIGGING/FLYING PROPS SEWING/COSTUMES SET BUILDING SET PAINTING PUPPETRY

USHERING/FRONT OF HOUSE PUBLIC RELATIONS PHOTOGRAPHY

**ADDITIONAL DETAILS**

Are you currently performing/rehearsing anything now? Please note the show and schedule below:

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Are there any potential Scheduling Conflicts you're currently aware of?

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How did you hear about our auditions?

SOCIAL MEDIA E-MAIL NOTICE OUR WEBSITE WORD OF MOUTH OTHER

**EMERGENCY CONTACT & INFORMATION**

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

Parent or Guardian Info (if Under 18): \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Doctor Name and Phone (if Applicable): \_\_\_\_\_

Potential medical or other conditions to note: (Are you diabetic? Asthmatic? Suffer from serious allergies? Do you suffer from any phobias we should be aware of? Any recent surgeries or injuries?)

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Thank you for your interest in our production! We appreciate your sharing your talent with us, and we look forward to the opportunity to work with you.