



AUDITION INFORMATION

Name of play: _____

Role(s) reading for: _____

What you are wearing today: _____

Name: _____

Address: _____ Apt/Unit: _____

City: _____ Postal Code: _____

Phone (Home): _____ Phone (Bus): _____

E-mail: _____

Age Group: _____ Hair Colour: _____ Height: _____

Build: _____

Experience: _____

If you do not get a role in this play are you interested in working in another capacity on the show?

Yes No

Areas of interest in community theatre (please check all that apply):

Acting	Make-up	Set Construction	Workshop	
Lighting	Set Design	Ushering	Directing	
Publicity/Marketing	Stage Managing	Costumes	Properties	
Sound	Box Office	Producing	Social Committee	
Administration	Membership	Set Decorating		

Other

Please Note : If you accept a role in this production and are not already a member of Theatre Burlington, you will be required to pay the annual membership fee.

Please sign below to signify that you are aware and agree to these terms.

Signature: _____ Date: _____

* If applicant is under 18 years old, a Parent or Guardian signature must be provided *

Mailing Address:
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