

ARLINGTON FRIENDS OF THE DRAMA

AUDITION FORM

Please print and bring this completed form with you to the audition. Please also bring a recent photo or headshot and your theatrical resume.

" THE ODD COUPLE "

Full Name _____

Are you a member of AFD? Yes ___ No ___

Which role(s) do you prefer? _____

Will you accept any role in which you are cast? Yes ___ No ___

Age Range _____

Vocal Range _____

Acting experience _____

Are you currently in another production? Yes ___ No ___

Please "X" any shaded day when you have a conflict below:

APRIL 2010						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

MAY 2010						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

JUNE 2010						
S	M	T	W	T	F	S
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Please check your other areas of interest or experience:

- Set Construction Set Painting Lighting Sound Stage Crew
- Properties Sewing Costumes Makeup Publicity Box Office

How did you hear about this audition? _____

Contact Information

Mailing Address _____

Email _____

Home Phone _____ Mobile Phone _____