



Audition Form

First Name:

Last Name:

Date:

Address:

Height:

Hair Color:

Age:

City:

State:

Zip:

Phone Number:

Text?

Email (please print clearly):

Please list roles auditioning for:

Would you accept another role/ensemble?

If not cast, would you work crew?

Do you have family members auditioning for this show?

Will you accept if they are not cast?

How did you find out about auditions? (Please check all that apply.)

KLT Newsletter

KLT Program at Another Show

KLT Website

Kernersville News

Kernersville Magazine

Social Media

Radio

Friend/Family (please name):

Other (Please explain):

ACTORS - VERY IMPORTANT! List ALL known conflicts between now and close of show.

Previous Experience

Show Name

Role/Position

Production Company

Vocal Range:

Do you read music?

Dance Experience:

Are you willing to change your appearance? (shave/grow beard, cut/dye hair, etc.)

Are you interested in volunteering?

Would you like to join our mailing list?

I hereby authorize Kernersville Little Theatre (KLT) to conduct a background check on me. I understand that this security check will cover information including criminal history. I understand that any findings could potentially void my consideration as a cast member or volunteer.

Signature of Auditionee: _____

Kernersville Little Theatre does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.