

# Kernersville Little Theatre Audition Form: Musicals

Please download, fill out all requested information, Save As, print 3 copies and bring to auditions.

|                                                                                       |              |                           |
|---------------------------------------------------------------------------------------|--------------|---------------------------|
| First Name:                                                                           | Last Name:   | Today's Date:             |
| Address:                                                                              |              | Height:                   |
| City:                                                                                 | State:       | Zip Code:                 |
| Home Phone:                                                                           | Cell Phone:  | Eye Color:                |
| Email:                                                                                | Approx. Age: |                           |
| Are you on our mailing list? <input type="checkbox"/> Yes <input type="checkbox"/> No |              | (Optional) Date of Birth: |

Name of show you are auditioning for:

Please list roles auditioning/volunteering for:

Would you accept another role? ☐ Yes ☐ No      Would you work crew? ☐ Yes ☐ No

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

- |                                                |                                                             |                                       |
|------------------------------------------------|-------------------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> KLT Newsletter        | <input type="checkbox"/> KLT Audition Notice                | <input type="checkbox"/> KLT Website  |
| <input type="checkbox"/> Kernersville News     | <input type="checkbox"/> Kernersville Magazine              | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Winston-Salem Journal | <input type="checkbox"/> Friend/Family (please name): _____ |                                       |
| <input type="checkbox"/> Radio/TV              | <input type="checkbox"/> Other (Please explain): _____      |                                       |

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

*Previous Experience Summary - Acting/Crew/Other Volunteer*

| Show Name | Role/Position | Production Company |
|-----------|---------------|--------------------|
|           |               |                    |
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|           |               |                    |
|           |               |                    |

*Information for Actors and Chorus Members*

Vocal Range:

Dancing Experience: ☐ None ☐ Some ☐ Experienced

Are you willing to change your appearance? (shave/grow beard, tint hair, etc.) ☐ Yes ☐ No

Are you comfortable with stage combat (fight scenes)? ☐ Yes ☐ No

Accents/dialects you can do (optional):

*Volunteer Information*

Are you interested in volunteering "behind the scenes"? ☐ Yes ☐ No

If so, please list all the areas of interest below. (Costumes, set, paint, lights, hospitality, lobby, hair, make-up, etc.)

When are you available to volunteer? (Please check all that apply.) ☐ Weeknights ☐ Weekdays ☐ Weekends