

Kernersville Little Theatre Audition Form: Plays

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:	Hair Color:
Email:	Approx. Age:	
Are you on our mailing list? ☐ Yes ☐ 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.)

- | | | |
|--|---|---------------------------------------|
| ☐ KLT Newsletter | ☐ KLT Audition Notice | ☐ KLT Website |
| ☐ Kernersville News | ☐ Kernersville Magazine | ☐ Social Media |
| ☐ Winston-Salem Journal | ☐ Friend/Family (please name): _____ | |
| ☐ Radio/TV | ☐ 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

Information for Actors

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