

Last name, First name



UNICORN
T H E A T R E
2019-2020 Season
AUDITION FORM
PLEASE FILL OUT ENTIRE FORM

FOR OFFICE USE ONLY DATE: _____ TIME SLOT: _____ NOTES: _____ _____
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DATE: _____

NAMES OF PREPARED PIECES: _____

EQUITY _____ **EQUITY CANDIDATE** _____ **NON EQUITY** _____

NAME: _____

PREFERRED PRONOUNS: _____ RACE: _____

HEIGHT: _____ WEIGHT: _____ GENDER: _____ AGE: _____

CONTACT INFORMATION:

PHONE: _____ EMAIL: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

ADDITIONAL INFORMATION:

VOCAL RANGE (SOPRANO-BASS): _____

RANGE OF STYLES (FOLK-BROADWAY): _____

DO YOU READ MUSIC?: _____ INSTRUMENT(S) PLAYED: _____

DANCE TRAINING (TYPE & YEARS): _____

Do you have any interest in working on any production in a technical capacity? _____

Please list any major conflicts for the season _____

IF YOU DID NOT BRING A RESUME/HEADSHOT, PLEASE SUMMARIZE YOUR RECENT EXPERIENCE ON THE BACK OF THIS FORM.