

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: _____

DATE: _____

NAMES OF PREPARED PIECES: _____

EQUITY _____

EQUITY CANDIDATE _____

NON EQUITY _____

NAME: _____

OPTIONAL:

PREFERRED PRONOUNS: _____ HEIGHT: ____ WEIGHT: ____

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.