



RIVERSIDE PLAYERS AUDITION FORM

NAME OF SHOW AUDITIONING FOR

FIRST & LAST NAME

AGE: _____ GENDER: _____ HEIGHT: _____
 HAIR COLOR: _____ EYE COLOR: _____
 ADDRESS: _____

 EMAIL: _____
 Main Phone #: _____
 ALT Phone #: _____

CIRCLE ALL ANSWERS THAT APPLY

1. Are you willing to dye/cut your hair?
 Dye Cut NO
2. Do You wear Glasses/Contacts
 Glasses Contacts Neither
3. Do you need to wear glasses onstage to see?
 Yes No
4. How Did you Hear About Auditions?
 Friend Facebook Other _____
5. Is this your first time Auditioning for Riverside?
 Yes No
6. Can You Read Sheet Music:
 Yes No

7. PLEASE SUBMIT YOUR CONFLICTS FOR ANY AN ALL REHEARSALS ON ATTACHED CALENDAR:

• Please remember that everyone that auditions is expected to be available for all rehearsals & performances.

LIST 3 RECENT/FAVORITE EXPERIENCE

SHOW	ROLE	LOCATION
_____	_____	_____
_____	_____	_____
_____	_____	_____

Role(s) You Are Auditioning For:

Any Role You Will Not Accept:

If you are not cast are you interested in crew?:
 YES NO IF YES PLEASE FILL OUT A CREW FORM

What is Your Vocal Range? (circle all that apply)
 Soprano Alto Tenor Bass

List Any Experience in the Following:

Dance: _____

Music: _____

Special Skills (juggling, gymnastics etc.)

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