

THEATRE UCF – AUDITION FORM – PERSONAL INFORMATION
FILL OUT COMPLETELY – PLEASE PRINT CLEARLY!!!

NAME AS YOU WANT IT TO APPEAR IN THE PROGRAM (IF CAST) – PLEASE PRINT CLEARLY:	CELL PHONE:
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E-MAIL: _____

DEPARTMENT INFORMATION – CIRCLE ONE IN EACH ROW:

DEGREE:	MINOR	BA THEA STUDIES	BFA ACTING	BFA MUS THEA	OTHER
	MA THEA STUDIES	MFA ACTING	MFA TYA	DANCE MINOR	
CLASSIFICATION:	FRESHMAN	SOPHOMORE	JUNIOR	SENIOR	GRAD
	1ST YR TRANSFER	2ND YR TRANSFER	3RD YR TRANSFER	4TH YR TRANSFER	

RESUME IFORMATION – FILL OUT ALL INFORMATION

VOCAL TYPE/RANGE: SOP ALTO TENOR BARITONE BASS MOVER? _____ DANCER? _____

WHAT IS YOUR LEVEL OF SIGHTSINGING SKILL? NO SKILL BEGINNER INTERMEDIATE ADVANCED

OTHER TALENTS: _____

NOTE ANY TATTOOS, PIERCINGS, OR NOTICEABLE PHYSICAL FEATURES THAT COULD AFFECT COSTUMING: _____

SCHEDULE CONFLICTS (CROSS OUT ALL TIMES YOU ARE NOT AVAILABLE)

MON	TUE	WED	THU	FRI	SAT	SUN	TIME
							1:00-2:00 PM
							2:00-3:00 PM
							3:00-4:00 PM
							5:00-6:00 PM
							6:00-7:00 PM
							7:00-8:00 PM
							8:00-9:00 PM
							9:00-10:00 PM

LIST ANY OTHER CONFLICTS (BY THE WAY, YOU SHOULDN'T HAVE ANY): _____

By signing this form, I agree to have my name posted on callback lists and show cast lists.

Student Signature _____ Date _____