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AUDITION INFORMATION FORM

Please **Print** all answers as clearly as possible.

Please bring this to your monologue.

**BE SURE TO SIGN UP FOR AN AUDITION APPOINTMENT
ON THE CALLBOARD (located by the scene shop)!**

Name: _____

Address: _____

Phone: (Home) _____ (Work) _____

E-mail: _____

Height: _____ Weight: _____ Birthdate: _____

Age: Are you a **FLPA** major or minor at **UAF**? (Major) Yes ___ No ___ (Minor) Yes ___ No ___

Are you currently taking any **FLPA Department Classes at UAF**? Yes ___ No ___ If so, which? _____

Are you currently a student at UAF? Yes ___ No ___ # of credits you're taking this semester _____

Will you be taking any Night Classes this term? _____ What is your major at UAF (if not theatre)? _____

Please list your Vocal Training and Experience (if any): _____

Please list your Dance Training and Experience (if any): _____

Please list any special talents or training you may have (juggling, magic, etc.) _____

Do you foresee *any* scheduling conflicts with any show's performances *or* rehearsals? (if so, please explain). _____

List, in order of preference, which shows you are most interested in working on? _____

List, by show, which character you are most interested in (if any) _____

Why? _____

Are there any shows you are unable or unwilling to work on? _____

Why? _____

Which roles, if any, are you *Most* interested in? _____

Are there *any* roles you would not accept if it was offered to you? Please explain _____

Other Information you wish to share with the directors _____

Please use the back of this form to list any formal training and/or experience in theatre. List all major roles and the company with which you performed *or* **attach your resume.**

Audition Form

Schedules contribute to casting decisions. Please make sure to write down ALL foreseeable conflicts on this sheet.

NAME: _____

1. Below please write your ALL class/work/ weekly recurring commitments:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday