

# Lindale Community Theater Audition Form

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Age:** \_\_\_\_\_

(please circle) **Male** **Female**

**Address:**

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**E-mail:**

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**Phone numbers:**

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

**Show auditioning for:** \_\_\_\_\_

**Role auditioning for:** \_\_\_\_\_

**Will you accept a different role?** \_\_\_\_\_

**Stage experience:**

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**Sing?** \_\_\_\_\_

**Dance?** \_\_\_\_\_

**Additional information:** \_\_\_\_\_

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