



NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE: _____ EMAIL: _____
 DATE OF BIRTH: _____ AGE: _____

LIST PREVIOUS ACTING EXPERIENCE: (LAST 3 SHOWS)

Production	Role	Theater

Have you auditioned for WCT before? Yes No

Do you have any dance experience? Yes No

Rehearsals will be held on Sundays, Tuesdays, some Thursdays. It is important that all cast members attend all rehearsals. Please indicate below any on-going, special commitments, or vacations that you have that will prevent your attendance at rehearsals.

I have a regular commitment every _____

I am unavailable the following dates because of prior commitments or planned vacation:

Would you be willing to be an extra/ensemble? Yes No

If you do not get cast, would you be willing to work on the production? Yes No

Name(s) of parents or legal guardians:

Name: _____ Phone: _____

Email: _____

Name: _____ Phone: _____

Email: _____

Emergency Contact Name: _____

Phone: _____ Cell: _____

Interviewer:

Description: