



MAGICAL STARLIGHT Theatre

Please do not write in space above, reserved for company use.

Please write
LEGIBLY and
FIRMLY!

If you wish to be
cast, be sure we
can read your
info!

Name: _____
Address: _____ Age: _____
City, St, Zip: _____ 9-17
E-mail: _____ 18 & Over
Primary Phone: _____ Height: _____
Alt. Phone: _____ Cell Home Work
Employer/School: _____ Grade Level: _____

If Minor, Parent/Guardian Name & Phone: _____

Role(s) auditioning for: _____

Willing to accept other roles? NONE ANY (including ensemble) SOME: _____

List related formal training (*acting, vocal, and/or dance*): _____

List favorite (*no more than four*) theatrical experience (*include production, role, company, and month/year*): _____

List any related special talents or skills (*juggling, tumbling/gymnastics, roller blading, vocal accents, etc.*): _____

List **ALL** known or potential conflicts with tentative rehearsal schedule (*while reasonable conflicts will not necessarily affect casting the failure to disclose conflicts until after casting may result in immediate dismissal from this production and maintain negative consideration for casting in future productions*): _____

Have you auditioned for any previous MST productions?..... YES NO

Have you participated in any previous MST productions (*on-stage, crew, etc.*)?..... YES NO

If yes, list the most recent production and role/position: _____

How did you hear about these auditions? _____

If not cast, would you be interested in joining the production in any other capacity (*such as tech crew, ushering, set construction, costumes, hair/makeup, etc.*)? YES NO If yes, how: _____

What phone number should we use to call for casting/call-back purposes: _____

How late may we call you on Sunday and weeknights for casting/call-back purposes? Sun: _____ Weeknights: _____

Is there anything else you would like us to know (including pronoun preferences)? _____