

Community Theatre Casting Application

First Name

Last Name

Date of Birth

Phone Number

Email

Address

Role(s) Interested In

☐ ☐ ☐ ☐

Previous Theatre Experience

Special Skills (singing, dance, accents, etc.)

Availability for Rehearsals

Are you willing to accept any role?

☐ Yes ☐ No

Emergency Contact Name

Emergency Contact Phone

Other Information