

PERFORMER INFORMATION 01/15

Last Name		First		M.I.	Date
Street Address				Home Phone	
City		State		ZIP	
Cell Phone		E-mail Address			
Emergency Contact		Social Security No.		Birthday	
Part Auditioning For			Are you willing to be an understudy? YES <input type="checkbox"/> NO <input type="checkbox"/>		
How did you hear about auditions?					
Any days/dates you are unavailable?					
Name of Parent & Contact Information (if under 18 years of age)					

EDUCATION

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCE

*Please list **performing** reference below (singing-dancing-acting teachers, directors, etc.).*

Full Name	Relationship
Company	Phone ()
E-mail	

PLEASE ATTACH A HEADSHOT/PICTURE & BIO/RESUME OF ANY PAST THEATRICAL EXPERIENCE

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date