MOORESTOWN THEATER COMPANY, INC.

Alternative Stage AUDITION FORM

(Please **print** all information neatly.)

A non-returnable photo MUST be attached here. (This improves your chances of getting a part, as it is easier to cast you if we can see who you are!) Thank You!

Name: _____

Address: _____

City, State, Zip: _____

E-Mail: _____

School (*2016-17*): _____ **Opening Night Grade (*2016-17*):** _____ **Height:** _____

Your Home #: ____/_____ **Birth Date:** __/__/__ **Opening Night Age:** _____

Your Cell #: ____/_____ **Your Work #:** ____/_____

Emergency Contact Name: _____ **Emergency Contact #:** ____/_____

Please list any conflicts (i.e. vacations, etc):

_____

_____

_____

_____

Preferences (Circle one in each Area):

Type:	Musical	Drama	Comedy	Any
Number:	One Scene	Multiple Scenes		Any
Part:	Lead	Ensemble		Any

** Preferences will be considered but not guaranteed ***

Rank your Past Experience (Circle one in each category):

Dancing:	Experienced	Intermediate	Beginner
Singing:	Experienced	Intermediate	Beginner
Acting:	Experienced	Intermediate	Beginner

Past musical theater experience (write more on back or attach resume):

Date	Name Of Show	Role	Theater Group

Past acting, voice or dance lessons (write more on back or attach resume):