

# Auditions Sign-in Sheet

Name\_\_\_\_\_

Age\_\_\_\_\_

Email\_\_\_\_\_

Phone # (\_\_\_\_\_)\_\_\_\_\_

Desired Role\_\_\_\_\_

Second desired Role\_\_\_\_\_

Have you had **any** acting experience before? Yes\_\_\_\_\_ No\_\_\_\_\_

If Yes, please check in what format:

Film\_\_\_\_\_

Stage\_\_\_\_\_

Mime\_\_\_\_\_

Can you be available for 3 days of filming, and 1 of training?

Yes\_\_\_\_\_

No\_\_\_\_\_

Maybe\_\_\_\_\_

Would you be willing to act in a role other than your first choice?

Yes\_\_\_\_\_

No\_\_\_\_\_

Would you be willing to help behind the scenes?

Yes\_\_\_\_\_

No\_\_\_\_\_

Maybe\_\_\_\_\_

Are there any roles you do NOT at all wish to be considered for?

*(Please Name)* \_\_\_\_\_

*Please give this paper to the directors' assistant, when you are done. Thank you!*

