



OFF-BROADWAY MUSICAL THEATRE
AUDITION FORM

(Please Print)

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_
Zip: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

(
E-Mail Address: \_\_\_\_\_

Gender you most closely identify with: Male [ ] Female [ ] Prefer
not to say

Age \_\_\_\_\_ Height \_\_\_\_\_ Hair Color \_\_\_\_\_

Do you have any allergies: (if None, write "N/A") \_\_\_\_\_

For which role(s) are you reading? (if no specific role, write "N/A") \_\_\_\_\_

Will you accept any speaking role? Yes [ ] No [ ]
Will you accept any non-speaking role? Yes [ ] No [ ]
Would you prefer a non-speaking role? Yes [ ] No [ ]

Vocal Range: Low: \_\_\_\_\_ High: \_\_\_\_\_ Can you read
music? Yes [ ] No [ ]

Musical instrument(s) you play: \_\_\_\_\_

Are you interested in playing in the pit Orchestra? Yes [ ]
No [ ]

Any special talents? (juggling, gymnastics, etc): \_\_\_\_\_

Do you have interest in being involved in any technical crews?:
Set Construction/Painting [ ] Run Crew [ ] Lights [ ] Sound
[ ]
Props [ ] Costumes [ ] Front of House [ ] Concessions [ ]

VERY IMPORTANT: List ALL schedule conflicts weeknights
6:00 - 9:30 pm during rehearsal period and 7:00 - 10:30 pm during
show run:

Blank lines for notes or additional information.

Highlights of past musical, theatrical, vocal, dance and tech
experience:
(Attach resume if available)

Blank lines for highlights of past experience.

Where did you hear about Off-Broadway Musical Theatre?
Theatrical Website [ ] School Posting [ ] Past Association [ ] MN
Playlist [ ]
Social Media [ ] Friend [ ] OBMT Website [ ] Other: \_\_\_\_\_

Staple Photo Here X

This Area For Staff Use Only

ACTING:

VOICE:

DANCE:

MISC:

CALL BACK NEEDED: Yes   
No

PART(S):

**OBMT USE:**

Notified of Call Back: Date: \_\_\_\_\_  
Initials: \_\_\_\_\_

Notified of Casting: Date: \_\_\_\_\_  
Initials: \_\_\_\_\_

Notified of Non-Casting: Date: \_\_\_\_\_  
Initials: \_\_\_\_\_

jmt: 4/3/2024