

Audition#



Richmond Civic Theatre Audition Form (Actors 18+)

Name: _____

Age: _____ Birthday: _____

Address: _____

City/State/Zip: _____

Email: _____ Phone Number: _____

*We send most RCT communication via email.

Is this your first time auditioning for Richmond Civic Theatre? Yes No

Have you been in an RCT show? Yes No

What previous theatre experience do you have?

Table with 2 columns: Part, Show (If not at Stage One or RCT, add Venue/Dates)

Role(s) of specific interest:

1. _____ 2. _____ 3. _____

If not chosen for one of the roles above, are you willing to take another? Yes No

Are you willing to cut/dye your hair, if necessary, for the role? Yes No

MEN ONLY: Are you willing to shave/grow facial hair, if necessary, for the role? Yes No

Please provide a list of possible conflicts on back of page (include work, volunteer, and travel commitments from tonight until show closing date).

PLEASE LIST ALL CONFLICTS YOU MAY HAVE, including work, family commitments,
and travel commitments:

Example: "Church choir from 5-6pm"	Wednesday:
Sunday:	Thursday:
Monday:	Friday:
Tuesday:	Saturday:
Other:	

DIRECTOR'S NOTES: