THEATRE UCF – AUDITION FORM – PERSONAL INFORMATION FILL OUT COMPLETELY – PLEASE PRINT CLEARLY!!!

NAME AS YOU WANT IT TO APPEAR IN THE PROGRAM (IF CAST) – PLEASE PRINT CLEARLY: NAME ON CLASS REGISTER (IF DIFFERENT):

CELL PHONE:

KNIGHTS E-MAIL [YOU MUST USE KNIGHTS EMAIL. NO PERSONAL EMAIL ACCOUNTS WILL BE ACCEPTED]

PLEASE PRINT CLEARLY:

DEPARTMENT INFORMATION – CIRCLE ONE IN EACH ROW:

DEGREE:	MINOR	BA THEA STUDIES	BFA ACTING	BFA MUS THEA	OTHER
	MA THEA STUDIES	MFA ACTING	ΜϜΑ ΤΥΑ	DANCE MINOR	
CLASSIFICATION:	FRESHMAN	SOPHOMORE	JUNIOR	SENIOR	GRAD
	1ST YR TRANSFER	2ND YR TRANSFER	3RD YR TRANSFER	4TH YR TRANSFER	
RESUME IFORMATION – FILL OUT ALL INFORMATION					
VOCAL TYPE/RANG	E: SOP ALTO	TENOR BARITONE	BASS	MOVER?	DANCER?
WHAT IS YOUR LEVEL OF SIGHTSINGING SKILL? NO SKILL BEGINNER INTERMEDIATE ADVANCED					

OTHER TALENTS [INCLUDING INSTRUMENTS YOU PLAY]:

NOTE ANY TATTOOS, PIERCINGS, OR NOTICEABLE PHYSICAL FEATURES THAT COULD AFFECT COSTUMING:

Weeknight rehearsals may begin at 6:00pm, and Weekend rehearsals will be scheduled. Please list ANY and ALL obligations that would conflict with evening and weekend rehearsals. Please consult the provided Show Calendars.

LIST ALL CONFLICTS:

By signing this form, I agree to have my name posted on callback lists and show cast lists.

Student Signature

Date