

NAME: _____

DATE: _____

ADDRESS: _____

CITY/ST/ZIP _____/_____/_____

EMAIL ADDRESS _____

PHONE: (Home) - _____ (Work) _____

May we release your name for casting purposes? _____

Sex: () M () F
Age Range: _____

Height: _____

Hair color: _____

Eye color: _____

Previous stage experience (list most recent):

<u>ROLE</u>	<u>SHOW</u>	<u>WHERE/WHEN</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever appeared at the BACP before? _____ If yes, what was your last role?

Describe Theatre training:

Please attach your resume and a head shot if you have one. This form will be included in the BACP permanent files for future reference. Audition notices and newsletters will be sent to you at the address listed above. We will also release your name to other theatres and casting agents unless you indicate otherwise above. Please be sure this is complete and accurate; include your full zip code. Let us know if you change addresses so we can continue to notify you of upcoming BACP events. Welcome to the Playhouse!

Signature

(For Playhouse Use Only)

COMMENTS:

AUDITION HISTORY:

DATE SHOW ROLE CAST (Y or N)

LAST NAME	FIRST NAME