

Momentum Collective Inc.

AUDITION APPLICATION FORM

www.momentumcinc.org; (703) 640-4980; @momentumcinc

Please give this form to the casting team immediately upon completion. Once you are given an audition number please email your headshot to momentumcinc@gmail.com with your name and audition number in the "Subject" line.

PLEASE PRINT CLEARLY

NAME	MALE FEN	1ALE
D.O.BSOCIAL MEDIA HANDLE (optional)		
ADDRESS		
PHONE NUMBER(S): HOME CI	ELL	
EMAIL		
PARENTS'/GUARDIANS' NAME(S) If under the age of 18		
VOCAL RANGE (note 1 st or 2 nd):SOPRANOALTOTENOR	BARI/BASSDON'	T KNOW
DANCE TRAINING		··
If you have a theater résumé, attach it to this form. If not, please fill in you	r most recent theater experience	s below.
RESUMÉ OR THEATRICAL EXPERIENCE:		
Production & Role	School/Theater Group	Dates

LIST OTHER TALENTS AND ABILITIES:
How did you learn of this audition? (newspaper/radio/website/flyer/friend, etc.):
Would you accept any role given to you? If not, please specify which role(s) you are solely interested in:
In the event you are not cast in a part, would you be interested in serving with the production team?YESNO
Do you have any scheduling conflicts (including weekends) between now and the end of the show run?
Anything else the Director should know about?

- This page is for the production team evaluation –

Vocalist	Dancer	Actor
Range: /10	Technique/Execution: /10	Spacing/Timing: /10
Vocal quality: /10	Space incorporation: /10	Character development: /10
Projection: /10	Skill incorporation: /10	Diction: /10
Stage presence: /10	Stage presence: /10	Stage presence: /10
Overall effect: /10	Overall effect: /10	Overall effect: /10
TOTAL:	TOTAL:	TOTAL:

Scorer's initials: Recommendation: Yes	Date: Alternate	
Notes:		