



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 _____ FEMALE _____

D.O.B _____ SOCIAL MEDIA HANDLE (optional) _____

ADDRESS _____

PHONE NUMBER(S): HOME _____ CELL _____

EMAIL _____

PARENTS'/GUARDIANS' NAME(S) If under the age of 18 _____

VOCAL RANGE (note 1st or 2nd): _____ SOPRANO _____ ALTO _____ TENOR _____ BARI/BASS _____ DON'T KNOW

DANCE TRAINING _____

If you have a theater résumé, attach it to this form. If not, please fill in your most recent theater experiences below.

RESUMÉ OR THEATRICAL EXPERIENCE:

Table with 3 columns: Production & Role, School/Theater Group, Dates. Contains 7 empty rows for recording theater experiences.

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? ___ YES ___ NO

Do you have any scheduling conflicts (including weekends) between now and the end of the show run?

Anything else the Director should know about?
