

Winthrop University -- Department of Theatre and Dance
Audition Form

Name: _____ CWID _____
Phone: (____) _____ Cell: (____) _____
Local Address: _____
Home Address: _____
E-mail (the one you check every day!) _____
Class Standing: (Check one) _____ Freshman _____ Sophomore _____ Junior _____ Senior
Major: _____ Minor: _____ Current GPA: _____
Your hometown _____

Would you accept any role? Yes _____ No _____ If no, state the specific roles, specific shows or pieces you are auditioning for _____

Would you accept a role as an understudy? Yes _____ No _____

If I am cast in a role, I understand that I will not change my physical appearance (i.e., hair color, cutting of hair, tattoos, visible body piercings, etc.) without pre-approval from the costume designer and director/choreographer. I understand that I may be asked to cut my hair or change the color of my hair for a role.

List any previous roles or performance experience (or attach resume):

Role	Show	Where	Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List the number of years of training in: ballet _____ pointe _____ jazz _____ modern _____

List other dance training (tap, hip-hop, etc.) _____

(CONTINUED ON BACK)

