

The Taming of the Shrew Audition Form

Name: _____

Preferred Pronouns: _____ Birthday: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

Role(s) Auditioning For: _____

Will you accept any role? *Please circle: Yes or No*

Are you comfortable playing a different gender? *Please circle: Yes or No*

Are you comfortable kissing on stage? *Please circle: Yes or No*

Are you willing to change your appearance for the show (including but not limited to cutting or dying hair, covering tattoos)? *Please circle: Yes or No*

Previous Theatre Production Experience

Title	Roll	Year

Special Talents: _____

Do you require any specific accommodations to participate in this production?

Conflicts: *Please list any conflicts during the rehearsal period. Use the back if more space is needed.*