



ASNY's *Beauty and the Beast*: Audition Sheet

Please answer ALL questions; indicate if not applicable. Please print your answers in a legible way. Personal information will be treated as valuable information.

1. NAME: _____ AGE: _____

2. PHONE NUMBERS: H: _____

C: _____

W: _____

3. Email address: _____

4. Allergies: _____

Medication for such allergies: _____

Any other medical issue ASNY should be made aware of:

5. In case of emergency please indicate name and telephone number of contact:

6. List 3 qualities that you possess:

i. _____

ii. _____

iii. _____

7. Vocal Range: _____

8. What character(s) are you auditioning for:

8. Are you interested in any other role(s)? _____

9. If not selected to be part of the cast, is there another aspect of the show that you would be interested in? _____



10. Would you be willing to do the following: (Please put a check mark on the ones that you would be willing to do ONLY)

- Remove or add facial hair
- Cut your hair
- let your hair grow
- Take vocal lessons during the process
- Show midriff
- Show cleavage

11. Please specify if you have any unavailable dates between August 20th, 2018 and February 16th 2019.

12. Is there anything else you want ASNY to know?
