

Lee County Center for the Arts AUDITION FORM

Name:	DOB:
Phone:	Email:
Emergency Contact:	Emergency Phone:

Do you have any physical limitations that we should be aware of for your performance (allergies, dietary restrictions, difficulty performing certain tasks, etc.)? Yes No Prefer to discuss privately

If yes, please provide additional information:

Role auditioning for: _____

Would you accept another role? Yes No If yes, which role(s)? _____

List previous theater production experience (or attach resume)

Show Title	Role	Date

List other skills or talents

List potential scheduling conflicts (dates only)

Would you be interested in volunteering for LCCA (Board member, designer, technician, set construction, backstage, box office, concessions, etc.)? Yes No

Which opportunities interest you?

Would you like to be added to our email list? Yes No