



Audition Form Pippin

(For TIP use only) # _____

Name: _____

Ht: _____ Preferred Pronouns: _____

Role you are auditioning for: _____

Are you willing to accept a different role? _____

Address: _____

City: Zip: _____ Cell Phone #: _____

Email: _____

Most Recent Theatrical Experience: (Please attach resume and headshot, if available) **SHOW ROLE THEATRE/DIRECTOR YEAR**

Please list any special skills and/or dialects:

How did you hear about auditions?

TIP Email

TIP Website

TIP Facebook Word of Mouth Other (please specify): _____

Please list any known conflicts during rehearsals and performance dates (i.e. vacations, classes, etc.) Dates/times of rehearsals are TBA.