

Triple Threat Workshop Audition Form

We use this form to contact you about callbacks/casting purposes so **please print neatly!** Please attach your headshot, resume (please include special skills), and typed list of conflicts.



Name: _____ Pronouns: _____ Age: _____

Height: _____ Vocal Range: _____

Show(s) Auditioning For: _____

Audition Song, Title of Show: _____

Roles Interested In: _____

Contact Information: Please print neatly especially email!

Email _____

Cell: _____

Parent/Guardian Name (If under 18) _____

Parent Email: _____

Parent Cell: _____

Have you liked the Triple Threat Workshop Facebook page? Yes ___ No ___

If not accepted for a lead role, would you accept Ensemble? Yes ___ No ___

Would you accept an understudy? Yes ___ No ___

Are you available for Callbacks? Yes ___ No ___ No, but will send a video. ___

SCHEDULING: Please attach a list of TYPED conflicts. Please be thorough and specific. Conflicts will be taken into consideration when casting so please only list major conflicts. **Additional conflicts will not be accepted.**

Are you available for daytime rehearsals? Yes ___ No ___ Yes, when school is not in session ___

Last Day of School: _____

I understand that rehearsals will be created to fit the needs of the cast, as opposed to having set rehearsal days.
___ Yes, I understand.

Parent/ Guardian Initial: _____ Actor Initial: _____

TTW encourages all to audition regardless of race, gender identity, expression, belief, sexual orientation, age, or ability.