Director Use Only AUD. # _____



ACTOR NAME:	
Legal Name (if different):	
Pronouns (they/them, she/her, he/him,	etc.):
Union Affiliation: NONE AEA	EMC (if yes, # of EMC Weeks) SAG-AFTRA
Phone: I	E-mail:
Audition Material:	
Contact Agent for Callback/ Offer? YI	ES NO
Agent Name:	Agent Phone:
List roles (if any) that you are auditionii	ng for:
List roles (if any) that you would NOT a	ccept:
Would you accept an understudy role(s	s)? YES NO
Special skills that might pertain to this	season:
t production date conflicts, including call	backs. Unlisted conflicts may not be able to be accommodate
	-

THANK YOU FOR AUDITIONING!

<u>Director Use Only:</u>			