



Clayton Community Theatre

Audition Form

Audition # _____

Name _____

Address _____

City _____

State _____ Zip _____

Age _____ Sex _____ Height _____ Weight _____

Cell Phone _____

Home Phone _____

Work Phone _____

Emergency Contact Name _____

Emergency Contact Phone # _____

CCT will take an audition photo of you and attach it here

Email Address _____

- ☐ Send me future audition notifications
- ☐ Send me CCT's monthly newsletter

Please list previous experience below: (If needed, use other side of sheet)

Please list which roles you would like to play in order of preference:

1.) _____ 2.) _____ 3.) _____

Would you accept any role? Yes _____ No _____

Please list dates you will not be available: (If needed, use other side of sheet)

If not cast, would you be willing to work in other production areas? Yes _____ No _____

If yes, indicate preferences below:

____ Painting ____ Props ____ Costumes ____ Set Construction ____ Run Crew ____ Box Office

I would like more information on CCT membership _____