



AUDITION FORM

Production _____

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Today's Date _____ Are you a member of Epilogue? Yes No If not, would you like to join?? Yes No

Role(s) for which you are auditioning _____

Would you accept a role other than the primary role(s) listed above? YES _____ NO _____

What is your age range? _____ Hair color? _____ Eye color? _____

Please attach a resume', or list theatrical experience from the recent past.

If I am not cast, I would be interested in assisting with the production in some capacity. YES _____ NO _____

PLEASE LIST ALL CONFLICTS BETWEEN NOW AND CLOSING NIGHT.

Days or nights of the week you cannot rehearse. _____

By auditioning, I agree that I will not hold Epilogue Players, Inc liable for any accident, injury, or illness, including but not limited to COVID-19, that may occur during the audition, rehearsal, or performance process. I understand that my participation is completely voluntary and that I am responsible for my own medical expenses, if needed.

SIGNATURE:

(Relationship*)

*If performer is under the age of 18, a parent or guardian signature is required prior to participation.