Pentacle Theatre Audition Questionnaire

Shrek the Musical

Your name:			
Mailing address:			
Email:		**Phone:**	
Pronouns:			
Age range:		**Height:**	
Role(s) you want to read for:			
Vocal range:			
Conflict dates:			

What genders are you comfortable playing? (Mark all that apply) ☐ Men ☐ Women ☐ Nonbinary

Will you accept other roles if offered? ☐ Yes ☐ No

If you have formal training in the theater arts, please list: (You can attach a separate document when you come to the audition.)

Describe your past theater experience including the role, show title and theater. (You can attach a separate document when you come to the audition).

Please read the following carefully and sign below to indicate your agreement.

- I grant to Pentacle Theatre, its representatives and employees the right to take photographs of me. I authorize Pentacle Theatre, its assigns and transferees to copyright, use and publish the same in print and/or electronically.
- I agree that Pentacle Theatre may use such photographs of me with or without my name and for any lawful purpose, including publicity, illustration, advertising, social media and the organization's website.

Signature: _____

Individual younger than 18, signature of parent or guardian of : _____