



THE CHILLIWACK PLAYERS Guild

Audition Form



Your Name: _____
First Last

Address: _____
Apt./Suite Street Number Street Name

City Province Postal Code

Home Phone Number E-Mail Address

Mobile Phone Number Additional Phone Number

Age Height Weight

Current Guild Member: Y/N

Role(s) you are auditioning for: _____

Vocal Range: _____

Education/Training (acting, dance, voice, etc.):

Special Skills (dialects, languages, musical instruments, etc.):

Performance Experience:

Role	Production	Company

Other Production Experience:

Position	Production	Company

If you are not cast, please consider joining the production team. Tell us the positions you are interested in.