



# 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.