

Theatre Burlington Audition Form –

Role(s) Reading For	•		
Name:			
Address:			
City:	Postal Code:	Phone:	
Email Address:	Ce	Cell Phone:	
Age Range:	Hair Colour:	Height:	
Experience:			
(list below or attach	n a resume)		
•	le, would you be interested in as	sisting us in another capacity on the show? No	
•	ccept a role in this production are required to pay the annual me	nd are not already a member of Theatre mbership fee of \$25.	
Show Dates:			
Please sig	n below to signify that you are a	ware and agree to these terms.	
Signature	D	Date:	
*If applicant	is under 18yrs of age, a Parent or G	uardian signature must be provided *	

^{**}Every year, Theatre Burlington submits one of the shows in our season to the WODL Festival for awards consideration. This involves an adjudicator coming to the show and giving their feedback. By agreeing to be in a Theatre Burlington show, you accept and agree to participate in this forum.