



Boston University Stage Troupe
Audition Form

Name: _____

Age: _____

Email: _____

Phone: _____

School/College: _____

Year of Graduation: _____

Height: _____

Hair Color: _____

Eye Color: _____

Past Experience (top 3 shows only):

	Show	Role
1.	_____	_____
2.	_____	_____
3.	_____	_____

Below, please write in your class and work schedule. Also, please include any other time obligations you have this semester (i.e. planned trips, one-time events).

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
9-10 AM							
10-11 AM							
11AM-12PM							
12-1 PM							
1-2 PM							
2-3 PM							
3-4 PM							
4-5 PM							
5-6 PM							
6-7 PM							
7-8 PM							
8-9 PM							
9-10 PM							

Please answer specific director's questions on the back of this sheet.