



LAST NAME: \_\_\_\_\_

# PERFORMANCE EXPERIENCE SUMMARY FORM

## 2009 WI THEATRE AUDITIONS & TECH INTERVIEWS

*This form must arrive in Madison no later than February 4, 2009.*

Use this form only. Other forms/resumes will not be accepted.  
Please type or print with black ink. **This form will be photocopied for producers.**

Name \_\_\_\_\_

*Print all information clearly!*

Address \_\_\_\_\_

Permanent Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Actor  Singer  Dancer  Vocal Range: \_\_\_\_\_

Musical Instruments played and/or special talents: \_\_\_\_\_

If student, circle: High School College AND what year next fall? Fr Soph Jr Sr Grad

Are you a member of a professional theatre union? \_\_\_\_\_ If yes, which one? \_\_\_\_\_

Circle primary theatre experience: Educational Community Semi- Professional Professional

Check areas of interest: Professional  Intern Apprentice  Youth  Touring  Outdoor Theatre   
Graduate Professional Training  Musical Theatre  Non-Musical Theatre

Check availability for employment: Next summer  Next fall  Now  Full-time  Job-ins

Earliest date available for employment: \_\_\_\_\_ until \_\_\_\_\_

Complete the **Experience Outline** below. Use **only this side** – do not write on reverse side of this form.

Be prepared to provide photos, complete resumes and name/contact information if requested at callbacks.

Year	Play Title	Role	Producing Organization	City/State

Please attach a recent black and white photograph in this space.

**DO NOT STAPLE**

Photo must fit within this outline.

Mail this Experience Summary Form with your registration and payment no later than Wednesday, February 4, 2009.

If you do not meet this deadline, **you MUST make 30 copies of your Experience Summary Form prior to Wisconsin Theatre Auditions and bring them for us to distribute on-site. Forms must be 3- hole punched.**