

Theatre Arts Department
PRELIMINARY AUDITION FORM
FALL 2019
[ANON(YMOUS), FAT PIG, AS YOU LIKE IT]

NAME (As it should appear in the program): _____

AUDITION MONOLOGUE: _____

LOCAL ADDRESS: _____

PHONE: _____ EMAIL ADDRESS: _____

ARE YOU CURRENTLY A FRESNO STATE STUDENT? YES NO

If Yes, MAJOR: _____ MINOR: _____ UNIT LOAD THIS SEMESTER: _____

YEAR: Freshman Sophomore Junior Senior Grad Other

Please circle the number of plays in which you would like to perform this semester: TWO ONE NONE

Please list in priority order the plays for which you wish to be considered. (If you have no preference, place an X after "I have no preference.")

1. _____ 2. _____

3. _____ **OR** I have no preference _____

Do you wish to be considered for all three productions? YES NO

PREVIOUS THEATRICAL EXPERIENCE

(Show, Role, Company) Please include any special skills you may have, including singing and dancing. Continue on back if necessary. **You may attach a resume and leave this area blank.**

Please list all conflicts you would have with rehearsals and performances (SEE AUDITION INFORMATION).

If cast, actors may earn two units of Theatre Arts credit.

Signature _____ Date _____

FOR EXPRESS PROCESSING AT THE PRELIMINARY AUDITION, RETURN THIS FORM TO THE THEATRE ARTS OFFICE, S.A. 33, OR E-MAIL COMPLETED FORM TO UNIVERSITYTHEATRE@CSUFRESNO.EDU BY 12:00 NOON, TUESDAY, AUGUST 20TH. OTHERWISE, BRING THIS FORM WITH YOU TO THE AUDITION.