



# The Brockville Theatre Guild

P.O. Box 474, Brockville Ontario K6V 5V6

## Audition Form

Production: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Postal Code

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Are you a member of the Canadian Actors Equity Association (CAEA): ( Yes / No )

Is there a specific role you would be interested in? \_\_\_\_\_

Please list any previous stage experience (list most recent or major roles)

<u>Production Name</u>	<u>Role</u>	<u>City / Year</u>

Schedule conflicts:

\_\_\_\_\_

Director remarks / notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_