



Actor's Full Name	e-mail address
Address	Home Phone: Work Phone: Cell Phone:
Please List Role(s) You are Most Interested In Playing	Will You Accept Any Role Offered? (Select One, Please)  YES      NO
Please List Role(s) you absolutely do NOT want to play	Are you willing to accept a role with a different gender identity? (Select One, Please)  YES      NO
Please List All Previous Experience With Shakespeare (roles, classes, etc.)	
Would you be willing to sing in our production? (Select One, Please)      YES      NO	
Please list all musical instruments you would be willing to play in our production.	
Please List All Special Abilities You May Have	
Please List All Known Conflicts With Our Rehearsal and Performance Schedules	
Would You Be Willing to Take Part in Pre & Post Production Activities (workshops for kids, actor talk-backs with the audience, meet & greets with audience members, etc.)?      YES      NO	