



AUDITION FORM

THE BRIDGES OF MADISON COUNTY

(Please print all information)

AUDITION DATE: April 23, 24

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers - Day: _____ Evening: _____ Cell: _____

E-mail: _____

Union affiliation: NONE AEA EMC AFTRA AGVA AGMA SAG

(If AEA or EMC, complete next address line)

Permanent AEA Listed Address: _____

City: _____ State: _____ Zip: _____

Have you ever performed with Carnivale Theatrics before? Yes No

If Yes, list all Productions you have performed in: _____

Height: _____ Weight *(optional)*: _____ Hair: _____ Age Range: _____

Will you be available June 12 - July 8, 2018 Yes No

Please list all conflicts: _____

