



1209 Hay St. Fayetteville, NC 28305  
 910.323.4233 (Box Office Phone)  
 910.323.4234 (Business Phone)  
 www.CFRT.org

AUDITION #: (CFRT USE)
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## CFRT AUDITION FORM

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

ADDRESS: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SHOW TITLE: \_\_\_\_\_

ROLE(S) PREFERRED: \_\_\_\_\_

**Circle YES or NO (PLEASE DO NOT SKIP QUESTIONS!):**

Are you a member of Actors' Equity Association (AEA)? Yes | No

Will you accept ANY role? Yes | No

CFRT has limited housing for performers living out of state. Please circle your housing preferences:

I require housing.

I prefer housing.

I do not require housing!

**Performance Information (only needed if you do not have a resume):**

Name of Show	Role(s)	Organization	Year

CFRT Notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please note: Most roles at CFRT include understudy assignments. By initialing, you acknowledge that if you are offered a role, you are willing to understudy. By not initialing, you may be removed from consideration for the show. Initial here: \_\_\_\_\_*