



Date: _____

Personal Information Sheet

Personal and Contact Information

Full Name _____
Preferred Name _____
Address _____
Address cont. _____
Phone _____ Alt Phone _____
Email Address _____

Additional Casting Information

Age _____
Height _____
Gender _____
How did you learn about Old Church Theater? _____

Areas of Interest

- | | | |
|--|---|---|
| <input type="checkbox"/> Acting | <input type="checkbox"/> Make-up | <input type="checkbox"/> Sound |
| <input type="radio"/> Lead | <input type="checkbox"/> Costumes | <input type="checkbox"/> Box Office |
| <input type="radio"/> Supporting | <input type="checkbox"/> Props | <input type="checkbox"/> Ushering |
| <input type="radio"/> Bit | <input type="checkbox"/> Stage Decoration | <input type="checkbox"/> Housekeeping |
| <input type="radio"/> Non-speaking | <input type="checkbox"/> Director/Assistant | <input type="checkbox"/> Script Reviewing |
| <input type="radio"/> All | <input type="checkbox"/> Director | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Singing | <input type="checkbox"/> Stage Manager | <input type="checkbox"/> Advertising |
| <input type="checkbox"/> Instrument | <input type="checkbox"/> Set Design | <input type="checkbox"/> Programs |
| <input type="checkbox"/> Prompting | <input type="checkbox"/> Set Construction | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Running Lines | <input type="checkbox"/> Lighting | <input type="checkbox"/> Fundraising |