THE COMPANY ONSTAGE





Name:			Date:	
		another role? Yes:		
Please list a	any rehearsal or perfo	ormance conflicts you have:		
PERSONA	AL INFORMATION			
Street Address:		Ci	City, State, ZIP:	
Phone(s): _		Email:		
For Actors	Under the Age of 18	Parent Name and Contact Inform	ation (if different):	
What is the	best way to reach yo	ou? Call Text Email		
Preferred P	ronouns:	Age Range:	Birthday (month/day)	
Height:	E	thnicity:		
ACTING 1	EXPERIENCE HIG	HLIGHTS (or attach resume): R	esume website:	
Year	Role	Production	Theater/Production Company	
Special Sk	ills (dancing, singing	, juggling, musical instruments, ac	ccents, yodeling, speak another language, etc.)	
	_	-	rcle areas of interest): Directing /	
_	•	Sound Operation / Guest Hospitali		
`	` •	,	lia, Press, Promotions) / Sets (Design, / Event Coordination / Other:	
_	-	-	/ Event Coordination / Other.	
iny ming c	150 you want us to Ki	.on about you		

THANK YOU! We appreciate your interest in COS and taking time to audition for us today. Please use the back of this form for any additional information.

Note: The Company OnStage is not currently affiliated with Actors Equity Association. If you are a member of Equity or one of its sister unions (AFTRA, SAG, AGVA, etc.), you should contact your union representative before accepting a role with COS.

Revised: 8/2025