

NAME

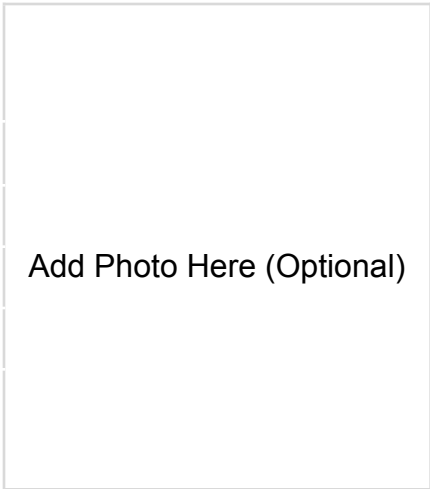
Email:

Height:

Eyes:

Hair :

Voice:



THEATRE/PERFORMANCE EXPERIENCE

SHOW	Role	Company or School/Director's Name
SHOW	Role	Company or School/Director's Name
SHOW	Role	Company or School/Director's Name
SONG	Role	Music Festival
SCENE	Role	Class Project

TRAINING

School's Name, Graduation Date

Acting: Teacher's Name, Teacher's Name, Teacher's Name, Teacher's Name

Singing: Teacher's Name, Teacher's Name, Teacher's Name, Teacher's Name

Dancing: Teacher's Name, Teacher's Name, Teacher's Name, Teacher's Name

Voice: Teacher's Name, Teacher's Name, Teacher's Name, Teacher's Name

Movement: Teacher's Name, Teacher's Name, Teacher's Name, Teacher's Name

SPECIAL SKILLS

Special Skill, Special, Skill, Special Skill, Special, Skill, Special Skill, Special Skill

Note: If you have limited theatre experience, please include whatever performance experience you do have, including music festivals, class projects, etc. Special Skills may include instruments, sports, accents, etc.