

THE ATLANTA OPERA

SUPERNUMERARY APPLICATION FORM

Please complete this form and email to auditions@atlantaopera.org, with "Supernumerary Application" in the subject line. Also include a photo of yourself. Once received, we will add your name to our files and will contact you if your description fits our casting needs for a production.

Date: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Gender: _____ Birthdate: _____ Height: _____ Weight: _____

Please provide the following information for the Costume Department:

Shirt/Blouse Size: _____ Pant Size: _____

Jacket Size: _____ Shoe Size: _____

Suit/Dress Size: _____ Hair Color: _____

Do you have facial hair? (select appropriate answers)

Moustache

Beard

Are you willing to shave? No Yes

Do you have previous stage experience? (select appropriate answer)

No

Yes (list below)

Please list any special skills (juggling, gymnastics, etc.) _____
