

# NAME

(XXX) XXX-XXXX

Address

Email: email@email.com

Weight: # lbs.

Height: #'#"

Hair: Color

Eyes: Color

Voice: Range

## EDUCATION

Your High School, Address, City, State, Zip

Name Academy and Academy Mentor:

GPA: #

ACT: #

## THEATRE

*Play*

Role

Theatre

*Play*

Role

Theatre

*Play*

Role

Theatre

*Play*

Role

Theatre

*Play*

Role

Theatre

*Play*

Role

Theatre

*Play*

Role

Theatre

*Play*

Role

Theatre

## COMPETITIVE WORK

# Place Scene, Name of Competitive Event, Where Event Took Place, Year

# Place Monologue, Name of Competitive Event, Where Event Took Place, Year

# Place Scene, Name of Competitive Event, Where Event Took Place, Year

# Place Monologue, Name of Competitive Event, Where Event Took Place, Year

## TRAINING

Acting: Instructor (Title/Institution), Instructor (Title/Institution), Instructor (Title/Institution), Instructor (Title/Institution), Instructor (Title/Institution)

Voice: Instructor (Title/Institution), Instructor (Title/Institution), Instructor (Title/Institution), Instructor (Title/Institution)

Movement: Instructor (Title/Institution), Instructor (Title/Institution), Instructor (Title/Institution)

Workshop: Instructor (Title/Institution), Instructor (Title/Institution)

## SPECIAL SKILLS (List skills of importance to a director, such as)

Piano (# years), Juggling (# years), Archery (# years), etc.

## REFERENCES (if room permits – if not, put nothing)

Name

Name

Name

Title

Title

Title

Institution

Institution

Institution

Email

Email

Email

Phone

Phone

Phone