

Number: _____

AUDITION FORM

Name _____ Age _____

Address _____ Height _____

City _____ Hair Color _____

State/Zip _____ Vocal Part _____
(i.e. soprano, alto, tenor, bass)

Email _____ Audition Song _____

Parent (if under 18) _____

Cell Phone () _____ Home Phone () _____
Best time to call _____

Roles you are interested in: _____

Are you willing to accept any role offered to you? _____ (yes/no)

Do you have regular access to the internet? _____ (yes/no)

CONFLICTS (specific dates and times, please)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Are you interested in working on special projects related to the show, stage crew, props, or costumes? (Please circle)

Where did you hear about this audition? _____

PLEASE LIST PRIOR EXPERIENCE ON BACK OF FORM (or attach resume/headshot). Include voice, dance, acting training and theatrical experience.

PLEASE PRINT THIS FORM, COMPLETE IT, AND BRING IT WITH YOU TO AUDITIONS.