

AUDITION FORM

Print clearly! Please!

Name: _____ Phone: _____

Circle One: Adult Youth Grade: ____ Age ____ School: _____

Parent's Names: _____

Address: _____ City: _____ Zip: _____

Alternate Phone: _____ E-mail: _____

Auditioning for:

Performing Experience (or staple resume)

| Name of Production | Character | Theatre |
|---------------------------|------------------|----------------|
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Training (include acting, dance, voice, choir. . .)

| Discipline | Number of Years | Facility |
|-------------------|------------------------|-----------------|
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| | | |

Other Skills:

Any Conflicts: (both during rehearsal and performance)

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|--|--|
| <i>Parents and Students: Please do not write in this box</i> | |
| Comments: | Musical Ability ____ Acting ____ Experience ____ |
| Recommendation: | _____ |

Print and bring the completed form to your audition.