Audition Form

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_ Age\_\_\_\_ Audition Number\_\_\_\_\_\_\_\_\_\_\_\_\_

Vocal Range\_\_\_\_\_\_\_\_ Permission Form (on back) signed:\_\_\_\_ Your Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Experience:

Special Talent:

Are you willing to accept any role? Yes No

Are you willing to play the opposite gender? Yes No

Are you willing to modify an appearance, if cast? Yes No

Specific Role Desired\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any Conflict Dates from now until March 24th-

Parents Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List Classes (for the year) include teacher-

What can you contribute to the show, if you were cast?

Please Date and Sign

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree by signing this form, all information is correct and in no way false. I understand that by auditioning, and if cast, there is a non- refundable production fee of $100 required to purchase materials in support of the show!

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please BRING THIS FORM WITH YOU TO YOUR AUDITION