



Audition Form

Vocal Selection _____

Audition # _____

ACTOR'S INFORMATION

Name _____ Male/Female (Circle)

Height _____ (Measurements will be taken at auditions)

Weight _____ Age _____ Grade _____

Actor's Email _____

Address _____

City _____ Zip _____

Actor's Cell Phone _____ Actor's school _____

Parent's Name _____

Home phone: _____ Cell: _____

Email Address: _____

Experience:

Show	Role	Theatre	Year

VOCAL AND DANCE EXPERIENCE:

Training	Where	Years	What	
Choral				
Tap				
Jazz				

Are you familiar with the story or the music of the show? _____ What roles would you like to be considered for? _____

Will you accept any role? _____ (Please be honest, as we base our decisions on what you tell us)

Who will be responsible for paying tuition? _____

Are you requesting a scholarship? _____

List special talents (Juggling, Gymnastics, etc) _____