

Audition Form

Production:_____

Student Full Name: _____ Grade:_____

Parent/Guardian Name: _____ Relationship:_____

Parent/Guardian Phone: _____

Parent/Guardian Email: _____

Age: _____ Height: _____

Hair Color:_____

Gender: Male_____ Female_____ Other _____

ROLE YOU ARE AUDITIONING FOR:

(1st Choice): _____

(2nd Choice): _____

(3rd Choice): _____

Will you accept any role? YES/NO

Will you accept an ensemble role? YES/NO

Are you willing to be an understudy? YES/NO

Would you like to be on the technical team? YES/NO

HAVE YOU ACTED BEFORE? IF SO, TELL ME:

PART:_____ PLAY:_____

PART:_____ PLAY:_____

PART:_____ PLAY:_____

SKILLS:

Do you play an instrument? YES/NO What instrument?_____

Do you sing? YES/NO

Do you dance? YES/NO

Do you have any other talents you want me to know about, like juggling or gymnastics? If so, tell me here:

Continue on the next page.

Is there anything special the director should know about your ability to participate?

Do you require any accommodations?

Conflicts:

Please look at the rehearsal and performance dates and list ALL known conflicts from beginning to end. (Remember sports, dentist appts, vacations, etc.) Conflicts may impact casting.



I understand that it is the job of a director to cast the show. I understand that I may not get the role I most hope for. I will not challenge the director's choices and will accept any role I am given with a positive attitude. I have read and understand all the information in the audition packet.

Student Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____