Audition Form

| Production: | | | |
|---|---------------------|--|--|
| Student Full Name: | Grade: | | |
| Student Phone: | | | |
| Student Email: | | | |
| Parent/Guardian Name: | Relationship: | | |
| Parent/Guardian Phone: | | | |
| Parent/Guardian Email: _ | | | |
| Age: | Height: Hair Color: | | |
| Gender: Male Fe | male Other | | |
| ROLE YOU ARE AUDITIONING FOR: | | | |
| (2 nd 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 consider playing a role of any gender? YES/NO | | | |
| Would you prefer to be on the technical team? YES/NO BACKSTAGE/PRODUCTION: (circle your interests) STAGE MANAGEMENT, LIGHTBOARD, SPOTLIGHT, PROPS, SEWING/COSTUMES, SET BUILDING, SET PAINTING, FRONT OF HOUSE, MARKETING | | | |
| PERFORMANCE EXPE | IENCE: | | |
| ROLE: | PLAY: | | |

Continue on the next page.

| Singing ability: NONE, AMATEUR, TRAINED (Voice: BASS, TENOR, BARITONE, ALTO, SOPRA Range: | |
|--|---|
| Instruments you play: Skill: BEGINNER INTERMEDIATE ADVANCED | |
| DANCE/MOVEMENT: BALLET, TAP, JAZZ, COLOTHER: Level: BE | |
| Special Skills: STAGE COMBAT, JUGGLING, ACGYMNASTICS OTHER: | |
| Is there anything special the director shou | uld know about your ability to participate? |
| Do you require any accommodations? | |
| Conflicts: Please look at the rehearsal and performance do to end. (Remember sports, dentist appts, vacations) | ates and list ALL known conflicts from beginning ions etc.) Conflicts may impact casting. |
| that I may not get the role I choices and will accept any r | b of a director to cast the show. I understand most hope for. I will not challenge the director's role I am given with a positive attitude. I have information in the audition packet. |
| Student Signature | Date |
| Parent/Guardian Signature | Date |