

Audition Form

Name	DateAge				
Preferred Name:	Pronouns:				
Address, City,Zip					
E-mail (if a minor, parent email)					
Phones: (if a minor, parent phone) Home	Cell				
Emergency contact name and phone _					
*Role(s) desired	*Will you accept any role?				
without having a discussion with the	the show, you must not change anything about your appearance le director. The director also may want you to have a different hair you to cut and dye your own hair or wear a wig.				
Experience: If you didn't bring a resum	né, please list your most recent theatre experience				
Production	Role or contribution				
Conflicts: Please list days and times an	ad/or specific dates of unavoidable rehearsal absences.				
Accommodations needed:					

Do you have any spe	eciai skiiis? (ie.	banet, tap (uancing, youening,	cartwheeling, jumping Jacks, nula hoop)?	
Vocal Range: Soprar	no, Alto, Tenor,	Bass			
Do you play an instr advanced?	ument? And if	"Yes" whic	h one? And do you	consider yourself Beginning, Intermediate or	
Involvement: If not cast, would you like to participate in this production in any of the following capacities? (Circle any applicable)					
Backstage crew	Costumes	Sound	Lights	Set construction	
Set painting	Make-up	Props	Box Office	Hosting	
Please give us some b	asic measureme	nts:			
T-shirt size	Pant size V	Waist	Length	Shoe size	
Anything else we show	uld know?				