| | udition umber: | |
|---|-------------------|--|
| Name:Address: | | |
| Address: | | |
| Address: | ımber: | |
| City: State: Zip Code: | | |
| | | |
| Contact Number: () | e Use Onl | |
| E-Mail Address: | : Ose Om | |
| Age: Height: | | |
| AUDITION INFORMATION (Only applicable to musicals): | | |
| Vocal Range (Circle one: Musicals only): SOPRANO MEZZO ALTO | | |
| TENOR BASS NOT SURE | | |
| Dance Experience (Musicals only): Style of DanceYears Studied | | |
| Special Skills (Juggling, gymnastics, musical instruments, etc.): | | |
| Role(s) auditioning for: | | |
| Will you accept any role, including ensemble roles? (Circle one): YES NO | | |
| If not cast in the show, would you be willing to be on crew? (Circle one): YES NO | | |
| Are you willing to cut and/or dye your hair for this production? (Circle one): YES NO | | |
| Is there anything else about your skills/experience we should know? | | |
| | | |
| PAST THEATRE EXPERIENCE (Please list highlights of your theatre experiences or attach a resume.): | | |
| YEAR THEATRE COMPANY SHOW TITLE ROLE(S) | | |
| | | |

| | ge of 6:30-10:00 pm. Each director may determine their own rehearsal chearsals. A rehearsal schedule will be provided or discussed at the first | |
|--|---|--|
| REHEARSAL CONFLICTS (No conflicts during production or the week prior to opening): | | |
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| | | |
| | | |
| NOTICE (Please sign): | | |
| I have read the entire form/audition notice and understand the commitment I am making if I am cast. I commit that I will be available for rehearsals and show dates as indicated on the audition form/notice. I am aware of the content and physical requirements of this production. I agree to perform the role assigned as written and directed. I allow my name and photos to be used for marketing and archival purposes. | | |
| Signature: | Date: | |
| Parent/Guardian Signature (if under 18): | | |
| | | |

AUDITION NOTES (Director's use only):

REHEARSALS: