

Audition Form



***Attach a photo (or headshot) to this form.**

Audition #: _____

Participant (Child's) Name _____

Age _____ Height _____ Audition Song _____

Role(s) you'd like to be considered for (1) _____ (2) _____

(3) _____ Are you willing to accept any role? Yes No

Parent's Name(s) _____

Preferred Phone _____ Preferred Email _____

List previous experience (optional: attach a resumé):

Show	Role	Company	Date(s)

Briefly describe any previous dance, vocal and acting experience or training:

Rehearsals will be scheduled for Tuesdays 5:30-8:30pm, Wednesdays 5:30-8:30pm, and Sundays 12:00-3:00pm. All performers are expected to be available for all rehearsal times. Please list any conflicts (dates and times you will not be able to attend rehearsals):

TECH WEEK AND PERFORMANCE ATTENDANCE (4/26-5/3) IS MANDATORY FOR ALL PERFORMERS – No conflicts accepted

Dates (Specific)	Times unavailable

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____