



AUDITION FORM

In order to save time, please print and fill out this audition form and bring it with you to your audition.

Select the day you would like to attend auditions (*you only need to attend one*)

Sunday, February 1 (12:15-1:45 PM)_____

Monday, February 2 (3:00pm-4:30 PM)_____

Name_____

Grade_____ Age_____

Parent/Guardian Email Address: _____@_____.com

Parent/Guardian Email Address: _____@_____.com

Name(s) of Parent/Guardian(s) _____

Home Phone: _____ Alternate phone (emergency) _____

Please list any experience in Music, Dance or Theatre (Church Choir, dance lessons, etc.). Continue on the back if necessary.

Other Activities/Interests:

My first choice for a role is as follows:_____

My second choice for a role is as follows: _____

My third choice for a role is as follows: _____

Please list (or attach) ANY rehearsal conflicts (after school activities, sports, etc.).
