

Audition Form

Please complete this form, in pen, to the best of your ability.

Please continue onto the back of this page or attach additional sheets if needed.

Name: _____	Phone #:() -
Grade: _____	Email: _____ <i>Only supply an email if you check it every day.</i>
T-Shirt Size: _____	
Parent Name: _____	Parent Email: _____

Will you accept a speaking role? Y/N

Will you accept an ensemble role? Y/N

Theatre Experience (include show, position and where it was performed): _____

Training (for example – theatre camps/classes): _____

Special Talents and Interests (for example – computer skills or artistic abilities): _____

Please list and explain any anticipated conflicts (be specific and refer to the rehearsal schedule – please note if a conflict might be able to change – conflicts may effect cast selection):

Please bring your audition form with you to the audition!