

Please fill out this form and give it to the stage manager at your audition. Thank you!

AUDITION INFORMATION

Please print all information legibly and bring, completed, to your audition.

NAME: _____

GRADE: _____ AGE: _____

ADDRESS: _____ ZIP: _____

PHONE #: _____ CELL #: _____

CONTACT EMAIL: _____

PARENT NAME: _____

PARENT PHONE #: _____

PARENT EMAIL: _____

Please list theatrical experience (You may attach a resume if you have one or use the back):

Are you willing to accept all roles? Y___ N___
If not, please list the roles you will NOT accept.

What roles are you interested in most?

Any talents you have we should know about?(ex: Juggling, Tumbling , Musical Talents, etc.)

Are you auditioning with anyone whom you want to be cast with? Please explain: