



Audition Number _____

AUDITION FORM

Please print the following information

Play you are auditioning for _____

Name _____ Grade _____

ID #: _____ Cell phone # _____ Email Address _____

Parent/Guardian Name _____

Parent/Guardian Email address _____

Allergies or special needs _____

Conflicts 3-5:30 p.m. after school during the next 8 weeks of rehearsal period:

Past experiences in dancing, singing, theatre or musicals:

What type of part do you hope to get? Lead Small Part Chorus

If you are not cast for an onstage role, would you be willing to take on a production role? _____



ATTENTION: *by signing below, you are committing to the performance dates and rehearsal schedule that will be distributed after casting. IN GENERAL:*

- *Rehearsals are from 3:15-5:30 after school, and later during tech week.*
- *If you are a lead you are expected to be here every day.*
- *Other characters will rehearse 1, 2 or 3 days a week for the first 4 weeks.*
- *The last 4 weeks you will need to be available every day after school.*

I have read the above information and understand the commitment.

Signature _____ Date _____