



Audition #

Audition Form

Please PRINT legibly.

Name _____

Birthdate ____ - ____ - ____ Age ____
Parent/Guardian(s) Name (if applicable) _____

Mailing Address _____ City _____ Zip _____

Cell Phone _____ Home Phone _____ Work Phone _____

E-mail _____

Please check all the statements that apply to you:

- My phone number is unlisted; please do not include it in any printed materials.
- Please cast me only in a non-speaking role.
- I would really like to be considered for the part(s) of _____
- If I'm not cast in the role(s) listed above, please DO consider me for another role.
- I would not be able to accept the part(s) of _____
- If I am cast in a smaller role, I would like to play more than one part.
- I am comfortable singing with someone else (or a group), but I know I couldn't sing a solo.
- Please take the following physical condition(s) into consideration if I am cast:

I can: O tumble O juggle O tap dance O waltz O other _____

I will take any part, large/small, singing/dancing, speaking/non-speaking. I just want to be cast!

Other _____

List conflicts and activities below and on the back if necessary.

**ACTIVITY
DAYS OR
DATES
TIME
OF DAY**

Ex: family vacation May 24-May 30 All week

Ex: church Wednesdays 6:30 – 8:00 pm

Sundays 10:00 - noon