

AUDITION INFORMATION SHEET

Please complete and return at Auditions

Name _____ Age _____ Grade _____

Parents/Guardians: _____

Parent E-Mail _____

Parent Cell #(s) _____

Student E-Mail _____ Student Cell _____

Texting ok? _____

Stage Experience (List plays and musicals you have been in before, show & role):

Vocal experience and knowledge: Can you read music _____ Vocal Range _____

Are you interested in a specific role – if yes please list your choices as 1st being your 1st choice:

1st _____ 2nd _____ 3rd _____ 4th _____

Will you accept a different role if offered? _____

Once cast you will not be able to change your appearance, this example is cut or color hair. Do you accept this condition? _____

If not cast in the role you desire, are you willing to work on one of the tech crews? _____

Which crew would you prefer: Lights | Stage Crew | Props | Costumes | Make-Up |

Conflicts:

List **ALL** conflicts – after school, evening and weekend. (Include dance, sports, jobs, church, activities, vacation etc. Use back of sheet if more space is needed)

Please list the Conflict Day(s)/Time and if it can be missed occasionally? You are **REQUIRED** to attend **ALL** dress rehearsals and performances.