Audition	Number
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## **Audition Form**

NAME: _		PHONE:				
ADDRES	SS:					
CITY:			ZIP COI	DE:		
PARENT	T/GUARDIAN	DIAN NAME:PHONE:				
EMAIL:						
GRADE:	SCHOO	L:				
AGE:	SEX:	HEIGHT:	WEIGHT:	HAIR:		
taken into	o consideration e and cannot w	in casting. <b>Pleas</b> ork around. Lis	s and on weekends. Pee place an X in the ted scheduling conflictions including dance,	ime slots for whice ets should include s	h you cannot be	
(pm)	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
6:00-6:30 6:30-7:00 7:00-7:30 7:30-8:00 8:00-8:30	)					
	hedule conflict / Sunday:					
			e list all):			
Will you	be available fo	r any upcoming h	noliday weekends? Y	es No		
If No plea	ase explain who	en you will be go	one			
Role desi	red:					
		role? Yes	No			

PLAY / EVENT	ROLE	ORGANIZATION
	MUSICAL BACKGROUND	
Do you sing? Yes No Voca	l Range: Sonrano Δlto T	Tenor Rass
Can you read music? Yes No		
Musical training (class, teacher, etc.) _		
	DANCE BACKGROUND	
Dance Training (teachers and class	es):	
Γap Jazz Ballet (	Gymnastics Ballroom	Folk Clog
Level of Ability: Dance Captain M	laterial Can Learn Ouickly	and Fasily
	few Simple Steps Two Let	
Do you have a special trick or talen		
	r)	
lease Describe		

Name: \_\_\_\_\_Audition Number: \_\_\_\_