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Audition Form

NAME:			PF	HONE:		
ADDRESS	S:					
CITY:		ZIP CODE:				
PARENT/	GUARDIAN	NAME:PHONE:				
EMAIL: _						
GRADE:	SCHOOL	<i>.</i> :				
AGE:	SEX:	HEIGHT:	WEIGHT:	HAIR:		
CAN YOU SP	PEAK IN A DIAL	ECT, BRITISH OR	COCKNEY?			
AUDITIO	NS TO BE EXC and cannot wo	CUSED. Place ork around. List	an X in the time slots ed scheduling conflic ons including dance,	for which you cann ts should include s	ot be	
(pm)	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
5:30-6:00						
0:00-0:30_						
0:30-7:00_						
/:00-/:30_						
/:30-8:00_						
8:00-8:30_						
8:30-9:00_						
Other sch Saturday /	edule conflicts Sunday:	s:				
Any dates	you will be un	available (please	list all):			
Will you b	e available for	any upcoming h	oliday weekends? Y	es No		
If No pleas	se explain whe	n you will be go	ne			
Role desire	ed:					
Will you ac	cept another re	ole? Yes	No			

	ROLE	ORGANIZATION
usical training (class, teacher, etc.)		
	DANCE BACKGROUND	
Dance Training (teachers and classes	s):	
Tap Jazz Ballet G	ymnastics Ballroom	Folk Clog
"r " ".	4 : 1	and Easily
evel of Ability: Dance Captain Ma	iteriai Can Learn Quickly a	
evel of Ability: Dance Captain Ma	few Simple Steps Two Lef	
evel of Ability: Dance Captain Ma	few Simple Steps Two Lef (backflip, handstand, double dut	t Feet ch, etc.) Yes No

Name: _____Audition Number: ____