

Audition Number _____

AUDITION INFORMATION FORM

Name: _____ Age: _____

Street Address: _____

City : _____ Zip Code: _____

Phone: _____ Cell: _____

Parent / Guardian name: _____

Parent / Guardian phone: _____ Cell: _____

Parent / Guardian e-mail address: _____

School: _____

Would you prefer a: large part _____ small part _____ either _____

Would you be willing to sing a solo? Yes _____ No _____

Cast positions are limited and not everyone will be selected as a cast member. However, there will also be a need for volunteers to participate as a part of our production crew. We feel this offers valuable experience in performance art and is a key part to the success of the production.

If you (age 12 or older) are not selected as part of the cast, would you like to be a member of our production crew? Yes _____ No _____

List any rehearsal conflicts you may have:

