

Name \_\_\_\_\_ age \_\_\_\_\_

Height \_\_\_\_\_ hair color \_\_\_\_\_

Student cell# \_\_\_\_\_ e-mail \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Cell # \_\_\_\_\_ e-mail \_\_\_\_\_

Please list your past musical theater experience (shows & parts):

Please list any past dance, singing, acting experience (not in a musical, and the age you were when you had the classes):

Please list the part(s) you are most interested in auditioning for in the order of preference:

Please choose one:

\*\*\*\*Important\*\*\*\* If you are not cast as a lead, do you still want to be in the cast? Please answer honestly. We are keeping the cast to a minimum, and if you truly only want to be a lead and would quit otherwise, let us know now. Check one:

Yes (I would still want to be in the cast) \_\_\_\_\_

No (I will do something else with my time) \_\_\_\_\_

Please list ALL dates that you have a conflict with rehearsal. Students are expected to be at ALL rehearsals. If you will miss one or two - list them now - you will be expected to be at all rehearsals you have not listed on this form. If you plan on missing a dress rehearsal or performance, DO NOT AUDITION. List all dates here:

Do not write below this line

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Singing:

Acting:

Dancing:

Callback: