



AUDITION NUMBER

Name _____ Parents Names _____
Age _____ Height _____ Weight _____ Hair Color _____ Gender Identity _____
Address _____ City _____ Zip _____
E-Mail _____ Phone _____

PREVIOUS PERFORMANCE EXPERIENCE (List most recent first)

Table with 4 columns: SHOW, ROLE, COMPANY, YEAR. Multiple rows for listing performance experience.

VOICE /DANCE TRAINING _____ SPECIAL SKILLS _____

AVAILABILITY

Please note days and times you will NOT be available to rehearse

ALL CONFLICTS MUST BE LISTED

MONDAY _____
TUESDAY _____
WEDSNEDAY _____
THURSDAY _____
FRIDAY _____
SATURDAY _____
SUNDAY _____

I WILL BE SINGING:

I am auditioning for the role of _____
I will accept any role? ___ YES ___ NO I am interested in backstage crew work? ___ YES ___ NO
I am interested in understudy roles ___ YES ___ NO

DO NOT WRITE BELOW