



AUDITION FORM

This form must be completed and turned as part of your Audition Packet before you can participate in Auditions.

PLEASE PRINT CLEARLY!

Name: _____

Address: _____ Home Phone: _____

City: _____ Zip: _____ Your Cell: _____

Contact Email: _____

Birthday (d/m/y): _____ Current School & Grade: _____

Church you attend: _____

Student Employer: _____ Work Phone: _____

T-Shirt Size: S M L XL XXL Hair Color: _____ Height: _____ Weight: _____

Ladies Dress Size: _____ Dress Shoe Size: _____ Dress Shirt Size: _____ Dress Pants Size: _____
(Females only) (Males & Females) (Males only)

Attach a separate sheet listing your theatre, dance and singing EXPERIENCE.
(include shows, roles, recitals, solos, speeches, etc.)

Father/
Male Guardian: _____ Home Phone: _____

Street Address: _____
(If different from above)

City: _____ Zip: _____ Place of Employment: _____

Cell: _____ Work Phone: _____

Email: _____

Mother/
Female Guardian: _____ Home Phone: _____

Street Address: _____
(If different from above)

City: _____ Zip: _____ Place of Employment: _____

Cell: _____ Work Phone: _____

Email: _____

PREFERRED PARENT / GUARDIAN PHONE NUMBER: _____

PREFERRED EMAIL ADDRESS: _____