



Audition Form

Full Name _____

DOB _____ Male Female Non-binary Height _____ Weight _____

Email _____ Phone # _____ Cell

Preferred contact method Email Phone call Text (SMS)

Home Address _____

Name of Parent or Guardian (if under 18) _____

Contact for Parent or Guardian Home # _____ Cell # _____ Email _____

Name of Audition Song(s) _____

Audition attire _____

Show (s) you are auditioning for _____

Role (s) you are Auditioning for _____

Would you consider other roles? YES NO

Would you accept an ensemble role? YES NO

CONFLICTS (Please list):

CALLBACKS (availability): YES NO _____

MUSIC AND DANCE TRAINING:

Can you read music? YES NO Singing ability: NONE AMATEUR TRAINED (____ YEARS)

Vocal range: BASS BARITONE TENOR ALTO SOPRANO

Skill: BEGINNER INTERMEDIATE ADVANCED

Instruments you play: _____ Skill: BEGINNER INTERMEDIATE ADVANCED

DANCE / MOVEMENT: BALLET TAP JAZZ CONTEMP/MODERN HIP-HOP BALLROOM OTHER

Style (if Other): _____ # of Years: _____ Skill Level: BEGINNER INTERMEDIATE ADVANCED

Special Skills: STAGE COMBAT JUGGLING ACROBATICS CIRCUS CHEERLEADING GYMNASTICS BATON TWIRLING

Other Skills to Note: _____

OTHER OPPORTUNITIES WITH US:

If not cast as a performer, would you be interested in working as backstage crew? YES NO

Other Applicable Skills:

LIGHT BOARD SPOTLIGHT SPECIAL EFFECTS RIGGING / FLYING PROPS SEWING / COSTUMES SET BUILDING
 SET PAINTING USHERING PUBLIC RELATIONS SOCIAL MEDIA PUPPETRY CHOREOGRAPHY DANCE CAPTAIN