



AUDITION FORM

Production your Auditioning For: _____

PERFORMANCE DATES: _____

Name: _____
Last First

Address: _____
Number & Street City Zip

Home Phone: _____ Cell Phone _____

Email Address _____

School: _____

Female _____ Male _____ Age _____

Do you have any known conflicts with the production schedule for this show? _____
(TUESDAY & THURSDAY NIGHTS AND SUNDAY AFTERNOONS)

(Please include any vacation plans, classes, weddings, concerts, etc)

If you're not cast, would you like to participate in this show in another area of production? _____

Are you in any other productions during the time of this production or plan to be? _____

How did you hear about our show?

AUDITION SONG SELECTION _____

VOCAL RANGE _____